the Canadian Nurse

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JUNE 1964

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Between Ourselves

As every nurse who has written her registration examinations in Canada knows, each provincial nurses' association operates under the terms of an Act that has been passed by the Legislature of the province in which she secures her R.N. That is often her introduction to law as a factor in her professional life. That there is an endless stream of laws that affect people as private individuals she knows, but what about laws that may become important to her in the practice of nursing? Are there any differences in the laws affecting nurses and nursing if one works in other provinces? How important are the contracts that some hospitals or organizations require nurses to sign? Can a nurse be sued when in some manner she causes injury to a patient?

These and dozens of other questions are being asked by nurses very frequently. To answer a few of them we asked DR. KENNETH GRAY, legal adviser to the Registered Nurses' Association of Ontario, to prepare the article that appears in this issue. While we do not propose to set up a continuing question and answer column on legal problems we hope that some of you who wish to have additional information will write to us. Your queries could very well form the basis for other articles on this topic.

* * *

What psychological effect does the inability to win promotion as his classmates do have on a school child? Should the youngster who is a slow learner receive more or less attention from the teacher than those who grasp subject matter easily and quickly? DR. S. R. LAYCOCK, whose interest in the varied aspects of education is so well known, describes the program that has been developed at the University of British Columbia to look into various questions relating to the learning habits of children.

* * *

Once again, the subscription pattern, under which the members of each of the provincial nurses' associations receive the twelve copies to which they are entitled, have completed their annual cycle. It is somewhat of a mystery to us why so many nurses — from just about every province — write us each year saying, in effect, "I paid my registration fee last November. I was told that it included my subscription to *The Canadian Nurse*. I haven't received a single copy yet. This carelessness (or slowness or apparent inefficiency, etc.) is very annoying. Please (usually omitted!) send all the copies due me at once!"

Most of these complainants are young graduates who obviously have not had the subscription pattern explained to them either before they left their school of nursing or when they paid their registration fee. Since all ten provinces have this month entered the 1964-65 subscription cycle, here again is the tabulation of *when* the year starts for each province:

1. Starting with *March*, 1964 issue, concluding with February, 1965 issue — **PRINCE EDWARD ISLAND.**

2. Starting with *April*, 1964 issue, concluding with March, 1965 issue — **ALBERTA, MANITOBA, NEW BRUNSWICK, NOVA SCOTIA, SASKATCHEWAN.**

3. Starting with *May*, 1964 issue, concluding with April, 1965 issue — **BRITISH COLUMBIA, NEWFOUNDLAND.**

4. Starting with *June*, 1964 issue, concluding with May, 1965 issue — **ONTARIO, QUEBEC.**

Will all of you who read those dates please do your best to calm down the agitated complainers next spring? We have considered putting those dates into "Between Ourselves" in the February or March issue next year. But the very people who do the grousing would not receive either of those numbers so we will have to rely on you to explain when you hear the "youngsters" complaining.

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* * *

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THE CANADIAN NURSE

JUNE 1964, Vol. 60, No. 6

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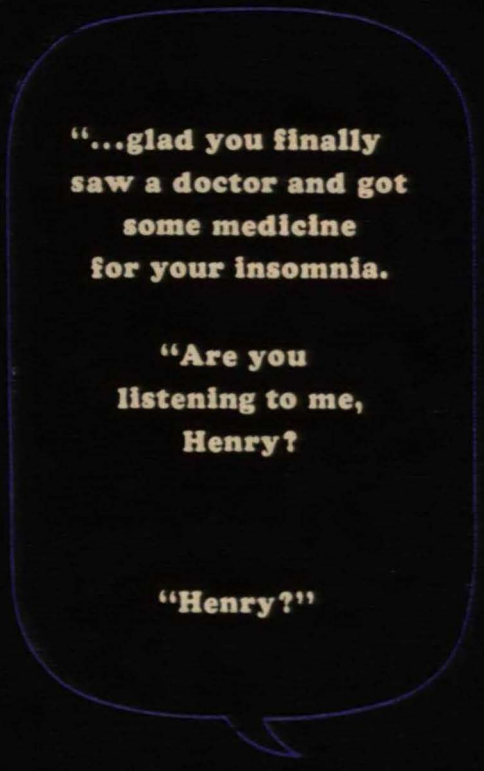

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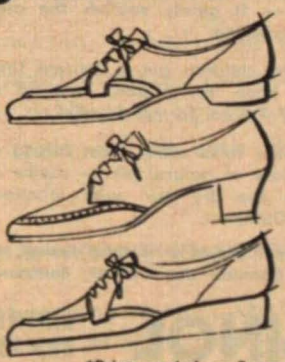

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Random Comments

Dear Editor:

I simply refuse to sit back and let the comments made by Mrs. De Witt regarding male nurses pass unchallenged. Her letter shows that there are still vestiges of a frame of mind unable to accept the male nurse, despite his qualifications and abilities, as a professional equal in all nursing situations. Attitudes such as this obviously put service to the patient in second place to outmoded sentiments and practices.

While I am not in a position to contradict the statement that male nurses are being employed to care for female patients, I question whether this is actually the case if the facts were known. However, for the enlightenment of Mrs. De Witt and all her ilk, I am happy to report an incident which proves that there is nothing disgusting or ridiculous about the male nurse caring for a female patient. A few years ago when a seriously ill female patient required a private duty female nurse and no one was available, members of the family were only too relieved and greatful to obtain the services of a male nurse. They accepted him readily in his capacity as a professional person, and they were able, even in their distress, to put the emphasis where it belongs — on skills and experience, and not on the sex of the practitioner.

Mrs. De Witt claims that obstetrical training for male nurses is inane, but her reason for denying it sounds Victorian. Policemen, ambulance drivers, and taxi drivers are taught the basic points of delivery in order to assist when babies arrive uncontrollably, but I have yet to hear a woman raising a fuss because she had a male attendant to help her offspring into the world. Is obstetric nursing so sacrosanct, so restricted to the male (!) doctor and the female nurse that the male nurse must go on being considered persona non grata even though it is now generally conceded that he needs this experience to complete his preparation as a nurse? Does the male nurse suddenly change into some sort of monster the moment he gets involved with a female patient?

I echo and confirm the statement that male nurses have no desire to care for female patients. Besides, with our male patients requiring, and not receiving, the skill-

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ed ministrations that male nurses could give them, why would anyone employ male nurses to give care to the distaff side of the hospital? However, when a male nurse is called upon to give care to a female patient, he gives it in the same professional spirit and dedication as the female nurse giving care to the male patient. If that is wrong, then the wrongness exists in the minds of the public and female nurses who need to be re-educated in the fundamental purpose of nursing itself.

Albert W. Wedgery, R.N., Ont.

Dear Editor:

The function of a nurse is caring for the sick — irrespective of race, color, creed or *Sex*. I see nothing disgusting about a male patient receiving care from a female nurse; a male nurse giving the same care to a female patient is similarly in order. The fact that such a situation would be rare for the male nurse (because of the predominance in numbers of his female colleagues) is irrelevant. Surely it is obvious to anyone with minimal discerning powers, that any nurse taking additional training, be it obstetrical or otherwise, is interested primarily in giving the patient improved nursing.

It is indeed fortunate that Mrs. De Witt's narrow view is that of a minority group. This view will be removed only by the continual education of our society and by the ability of our female colleagues to assess a situation objectively.

Richard Palmer, R.N., Ont.

Dear Editor:

Let me congratulate you on the March '64 issue of *The Canadian Nurse*. The medical content is excellent but the nursing content is even better, and the whole number is a superb job of editing. Your treatment of the theme "Cardiovascular Conditions" is much more helpful to professional nurses than one which appeared several months ago in a similar publication.

My nursing staff joins me in acknowledging the outstanding value and quality of this issue.

Sister Isabel Burgess, Man.

Dear Editor:

I would appreciate receiving information about the course in recovery room nursing at Duke University from a graduate of this course.

Congratulations on your cardiovascular issue. It's excellent!

R.N., Ont.

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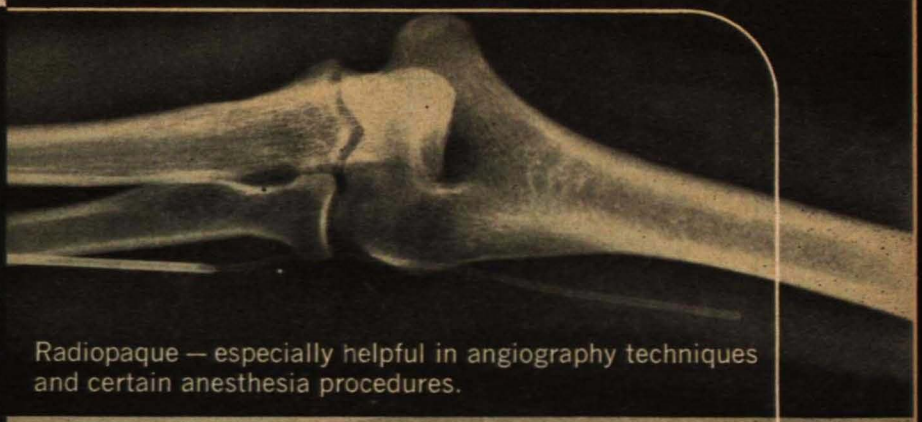

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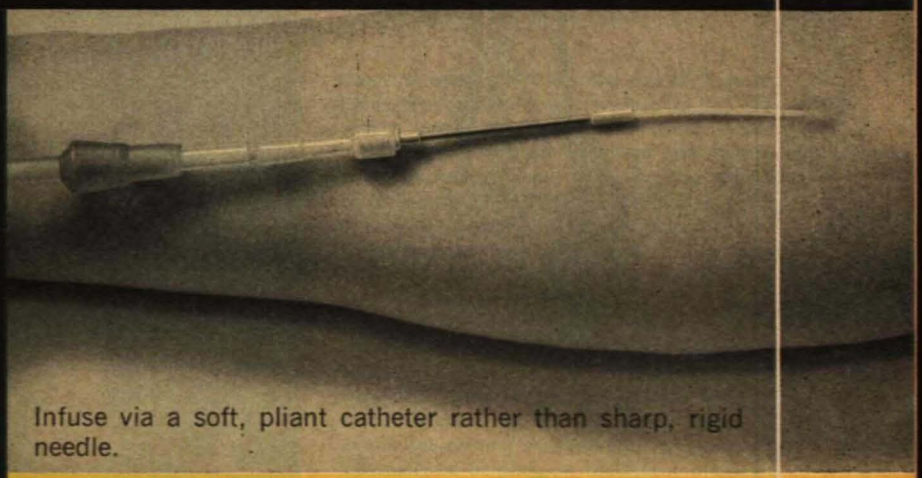

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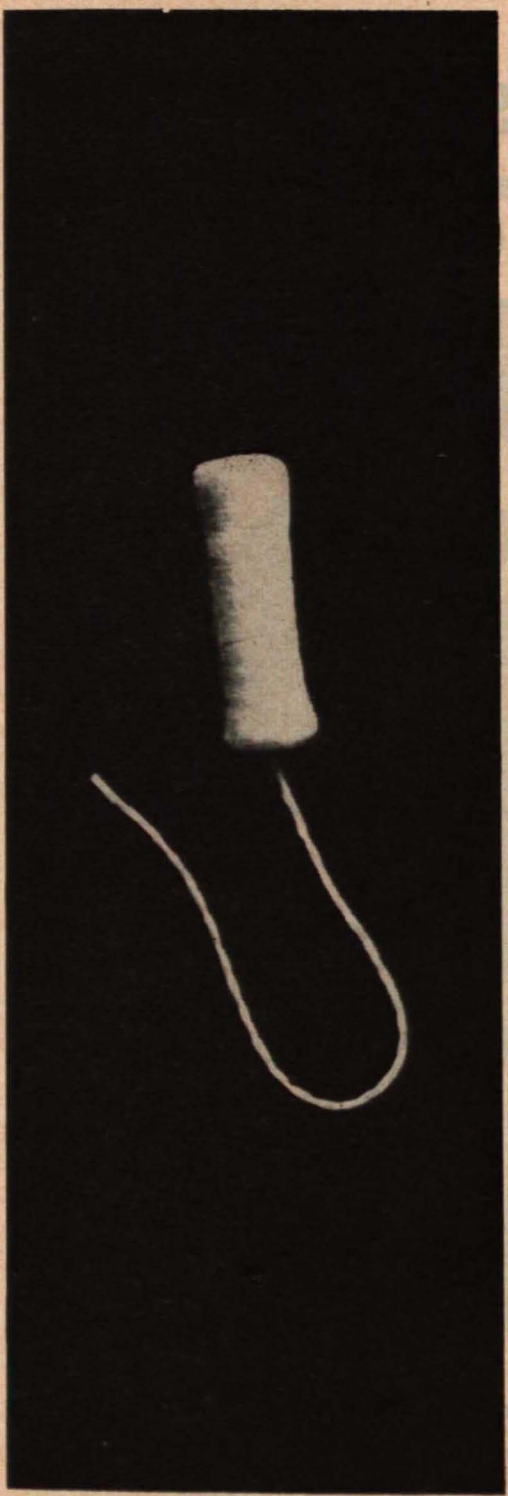

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED IN ENGLISH AND FRENCH
BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 60 MONTREAL, JUNE 1964 NUMBER 6

Welcome to Newfoundland

The nurses of Newfoundland are, figuratively, standing on tiptoe awaiting the arrival of the hundreds of visitors from the mainland who will be with us in St. John's for the convention this month. On their behalf I extend a very warm welcome to you all to Newfoundland and, in particular, to the city of St. John's.

Any event succeeds or fails according to the amount of preparation that is given to it. For two years — almost, one might say, for ten years — the thousand or so members of the Association of Registered Nurses of Newfoundland have been visualizing these days when you will come to us. None of us, who were privileged to be at Banff in 1954, has ever forgotten the gracious warmth with which our infant association was welcomed into the family of Canadian nurses. Now, at last, it is our privilege to welcome you. Our preparations are complete. We hope you are coming!

A visitor to St. John's today sees a thriving, rapidly expanding city with many new and modern buildings min-

(The Musical Clock, St. John's)

JEAN LEWIS

gling with the old. A trip to the top of Signal Hill is worthwhile for it affords a panoramic view of the city as it spreads north and west. The long finger of the harbor pointing in from the Atlantic tempts a long look at the broad expanse of ocean. On a bright day poet Barry Cornwall's words will echo in your ears:

The sea! the sea! the open sea!
The blue, the fresh, the ever free!

Perhaps somewhere between you and the horizon a ghostly iceberg will float slowly along.

Back down at sea-level you will recall that, historically, the harbor has been the rendez-vous for ships from many countries ever since 1497 when John Cabot sailed into it on Saint John's Day, June 24, and gave the location its present name. The harbor is still a haven of safety to countless ships, large and small, when violent Atlantic storms threaten.

Newfoundland's climate is temperate but, because of its geographic location, the areas along the coastline are cool. J. Harry Smith in his book *Newfoundland Holiday* says: "Seldom does the temperature rise to a point where in summer sleeping under one blanket is not completely pleasant." We hope the weather will be glorious while you are here but do come with warmer clothes than you would expect to wear at home in June.

The opportunity to get together socially at a convention is important. Arrangements have been made for a variety of social functions so that all may find some activities to enjoy. We hope that many of you will plan to spend part of your vacations seeing other parts of the province. Wherever you go you will be sure of cordial greetings and friendly welcomes.

JEAN E. C. LEWIS
President, A.R.N.N.

LAW AND NURSING

KENNETH G. GRAY, Q.C., M.D.

What is "malpractice?" When is a nurse likely to be held liable by the law for any such action? These and other questions are answered.

Before discussing some of the legal questions which arise in the practice of nursing, it will be helpful to make brief reference to the legal system which prevails in Canada. This will be of assistance, not only in determining what the law is on a particular subject but also in determining how the law is changed. After looking at the present legal position, nurses and their professional associations may decide that some changes in the law would be desirable. An understanding of the legal system will facilitate any effort to bring about changes in the law.

Canadian law is derived from two sources: (1) judgments of courts, (2) statutes.

The collected judgments of courts, extending back in time for centuries, make up the common law. Originating in England, these legal precedents have been observed in all the common law countries, including Canada and the United States. In deciding a case in a Canadian court today, a judge may hark back to a principle enunciated in an English court in the distant past.

The other source of law is the statutes which are enacted by the Parliament of Canada or the legislatures of the ten provinces. Parliament and the legislatures have the power to legislate upon any subject and they have the power to modify the common law. It follows that any attempt to change the law will be through persuasion of the appropriate legislative body.

In order to ascertain what is the appropriate legislative body, recourse will be had to the distribution of legislative powers contained in the British North America Act. At the time of federation in 1867, this Act laid down the division of legislative powers between the federal government, on the one hand, and the provincial governments on the other.

Legislative authority over a number of stated subjects, such as property and civil rights, is vested in the legislatures, whereas legislative authority over the remaining subjects, such as crimes, is vested in Parliament.

Most of the matters which pertain to nursing, such as licensing, registration, control of hospitals, are within the exclusive jurisdiction of the provinces.

With these preliminary observations, let us look at some of the legal problems that arise in the practice of nursing.

MALPRACTICE

The problem of a legal action against a nurse for negligence will be dealt with first, although it is probably not as important from a practical point of view as some of the other problems that will be discussed later.

In our system of jurisprudence, a patient who has been injured as the result of a negligent act or omission on the part of a nurse may bring legal action against the nurse and, if he is successful, he will be awarded a sum of money (damages) to be paid by the nurse. The legal action would be termed an action for negligence and in the case of a professional defendant, such as a nurse or doctor, the action would be called an action for malpractice.

Negligence has been defined in the following words:

There is a specific tort known as *negli-*

Dr. Gray is legal adviser to the Registered Nurses' Association of Ontario.

gence with which this chapter is concerned, particularly in its application to doctors, nurses and hospitals. Negligence has been defined in the following words: "Negligence is the omission to do something which a reasonable man, guided upon those considerations which ordinarily regulate the conduct of human affairs, would do, or doing something which a prudent and reasonable man would not do."[1]

Negligence is the type of legal action which arises when A, being under a duty to exercise reasonable care in his conduct towards B, causes injury to B through carelessness or neglect. Today, the cases arising out of the operation of motor vehicles account for a large proportion of lawsuits based upon negligence.[2]

It may constitute negligence on the part of a nurse if she undertakes work which she knows is beyond her professional skill. For example, if a nursing assistant, viz. a person with some training in nursing but not a registered nurse, undertakes to do something for a patient for which she has not been trained and the patient is thereby injured, she would be liable and required to pay damages to the injured patient.

Likewise, a registered nurse who performs services outside the scope of her training, causing injury to a patient would be legally liable. In other words, a registered nurse is expected to have a degree of skill consistent with her previous training and experience. In addition to having the requisite skill and knowledge, a nurse is expected to exercise her skill with reasonable care. Failure to exercise reasonable care, either by some negligent act or by an omission, will render the nurse legally liable.

In an action brought by a patient against a nurse for malpractice, the patient must prove a negligent act or omission on the part of the defendant nurse and that the patient was thereby injured. If the action is successful, the patient will be awarded a sum of money, commensurate with his injury, to be paid by the nurse. This will be the situation where the nurse is employed by the patient, for example, when she is on private duty in the patient's home or where she has been engaged as a private nurse in a hospital, clinic or nursing home.

The legal position is more complicated if the negligent act is committed by a nurse who is employed by a hospital (or other employer such as doctor, dentist, clinic). Another legal principle is involved, i.e., that an employer is liable for the negligence of an employee. This is a general legal principle with which most of us are familiar. For example, if you are struck by a car driven by X, you may sue X, but if X is employed by Y, Y is also liable.

You may read in some of the older texts and law reports that a hospital is not liable for a nurse's negligence, if the negligent act involved professional skill and knowledge. At one time it was held that a hospital was liable if the negligent act was an administrative act but not if it was a professional act. This distinction has been abolished. The present law is that if a patient in a hospital is negligently injured, the patient may recover from the negligent nurse and also from the hospital which employs her.

What is the legal position of a nurse who carried out a doctor's order and later it turns out that the order was wrong? If the error is apparent to the nurse, she would be expected to check with the doctor before carrying it out. As a general principle, the doctor who issues an order in error is liable and the nurse who carried it out is not.

Instances arise where a doctor in a hospital instructs a nurse to carry out a procedure which may be regarded as a medical and not a nursing procedure. For example, in Ontario, the College of Physicians and Surgeons, in agreement with the Hospital Association and the Registered Nurses' Association, has published a list of such procedures. Notwithstanding this publication cases have arisen in which a doctor has directed a nurse to carry out a procedure which according to this publication should be carried out by a doctor. No doubt other instances arise in hospital practice where a nurse believes that she is involved in a situation resulting in faulty or inadequate care or treatment for a patient. Another example is the situation where a nurse is required to look after too many patients. Still another is where the equipment supplied by a hospital is faulty.

It is the writer's opinion that in all these situations the hospital would be held liable and not the nurse.

EMPLOYMENT PRACTICES

Some difficulty arises at times in counselling a nurse as to what to do when she is being directed to do something which she believes may not be in the best interests of her patient. It is necessary to bear in mind that most nurses employed by hospitals do not have a written contract of employment and have no security of employment. In the absence of a contract governing the tenure of employment, a hospital may dismiss a nurse without giving any reasons for the dismissal, provided the hospital gives reasonable notice or salary in lieu of notice. The amount of such salary depends upon the nature of the employment. For example, a nurse who is employed by the month is entitled to one month's notice or one month's salary in lieu of notice. The conditions of employment of nurses are the subject of intensive consideration at the present time. This includes such matters as compensation, hours of work, vacation and the nature and scope of nursing services. This raises the question as to whether the present arrangements are satisfactory and if they are not satisfactory what would be the best solution. In particular, this raises the question as to whether some type of collective bargaining for the nursing profession would be desirable. Through their professional organizations nurses have adopted the principle that they should not go on strike. There is the possibility that their self-denial of the right to strike might result in unfair employment conditions in the case of some employers.

For reasons that cannot be considered in detail in this article it is the writer's opinion that the collective bargaining arrangements that prevail in the case of unions in the typical labor relations act are not satisfactory in the case of the nursing profession. In any discussions in which the writer has participated it has seemed likely that any solution would be through compulsory arbitration. In order to invoke compulsory arbitration there would have to be special legislation; jurisdiction to enact such legislation would rest with the governments of the provinces and not the federal fovernment.

PRIVATE NURSES

Compulsory arbitration or any other type of bargaining would not include private nurses. The relationships between a private nurse and her patient constitute a contract either written or implied between the nurse and the patient. Private nurses should bear in mind the law governing liability for payment for her professional services. The patient himself is always liable for the nurse's account and in the event of his death his estate is liable. In addition, a husband is liable for nursing services rendered to his wife and a parent is liable for nursing services rendered to his child who is under the age of 16 years. Otherwise, a third person is not liable for a nurse's account unless he expressly undertakes to pay the account. For example, if a brother engages a nurse to perform nursing services for his sister, the brother is not liable for the nurse's account unless he expressly agrees to pay it. A private nurse is unwise to permit her account to accumulate. She would be well advised to insist that her account be paid on at least a weekly basis.

LICENSING

From time to time there have been discussions in the nursing profession about the desirability of a licensing act. Most legislation at present is in the form of a registration act. The essence of this type of legislation is that no person may use the designation "registered nurse" or similar designations unless she is registered under the act. This enables hospitals and other employers of nurses to distinguish the professionally trained nurse from those persons who have little or no professional training. If a licensing act were to be of any value it would have to provide for the licensing of all persons who nurse for payment. In determining the practicability of such legislation it is necessary to bear in mind the large number of women who render services which may include some nurs-

ing services but also there are services which are more in the nature of general domestic or housekeeping duties.

CONFIDENTIAL INFORMATION

Mention should be made of one other matter which arises in the course of the practice of nursing, namely, information about a patient acquired by a nurse in the course of her professional relationship. There is no question that a nurse is under an ethical duty to preserve such information in confidence. Some writers state that in addition there is also a legal obligation upon a nurse to preserve any confidential information acquired about a patient in the course of her professional practice. It has been said that if a nurse reveals such information the patient may succeed in a legal action against the nurse. However, this would not apply where a nurse is giving evidence in court. A nurse who is giving evidence in court is required to divulge any information that is relevant to the legal issue before the court and she cannot refuse to answer on the ground that the information is confidential and was acquired in the course of her professional relationship with the patient.

In this article the writer has touched upon a number of legal subjects arising in the practice of nursing. Considerable space has been devoted to the subject of malpractice. These lawsuits are relatively uncommon. Any nurse who graduates from an approved school of nursing, becomes registered and exercises reasonable care in her professional work should be able to carry on her professional activities without worry about the remote possibility of a lawsuit.

Discussion has also been devoted to the socio-economic status of the registered nurse. The individual nurse can help to improve the status of her profession by active participation in her professional association. Collectively, registered nurses associations are likely to devote much of their time and energies in the next few years to this urgent topic.

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In the Good Old Days

(The Canadian Nurse . . . JUNE 1924)

The onion, possibly because it is so cheap and common a vegetable, is despised by many; but it is most useful in several ways. As a mild soporific it is well known; but its use as an expectorant is not generally recognized. In the *Medical Press* there appears a recipe for "onion porridge" which has been used by five generations of one family for the relief of hereditary bronchial asthma: "Take an onion (not too large), peel off the outer dry skin, cut it in thin slices, and stew gently in one pint of milk for one hour. Take this at bedtime with a slice of toast."

* * *

Over 28,000 new cases of venereal disease were reported in Canada in 1923; it is probable that three times that number of cases occurred, because it is common knowledge that all medical men do not report these diseases in every case.

* * *

By attaching an oscillator to his wireless apparatus, some unknown person has been able to render unintelligible a speech being delivered in Kansas City by Senator James Reed, an orator of the Democratic party. Radio listeners could hear only a confused jumble of words. The Democratic committee of Kansas City offered a reward of $500 for information leading to the discovery of the offender.

Hepatic Coma and Anasarca

ANN MILLWARD

Two complications of liver cirrhosis.

The functions of the liver may be summarized briefly as follows:

1. The secretion of bile;
2. the metabolism of proteins, carbohydrates, and fats, which consequently affects the nutrition of all body tissue;
3. the formation of blood and coagulation factors;
4. the removal of useless or toxic substances and bacteria from the blood stream;
5. mineral metabolism;
6. the regulation of acid-base balance.

When the liver is diseased, many functions are distorted or disrupted. For example, cirrhosis of the liver often produces marked electrolyte imbalance and water retention. The emphasis during treatment on electrolyte and water balance is instrumental in helping patients with liver disease to recover.

Laennec's cirrhosis is a chronic, diffuse, progressive inflammation that is followed by fibrosis, degeneration and destruction of hepatic parenchyma and the attempted regeneration of remaining cells. Although the precise etiology is not know, it is felt that malnutrition and the accompanying lack of vitamins, especially vitamin B complex, play an important role in the development of the disease. In Laennec's cirrhosis death occurs primarily as a result of hepatic failure, with variceal hemorrhage as a close second cause.* Hemorrhage, hepatic insufficiency, infection, an altered pH or lowered serum potassium level may precipitate hepatic coma.

The syndrome of hepatic coma is more easily appreciated if the latter stages of protein metabolism are reviewed. Normally, less than 20 per cent of amino acids, derived from the hydrolysis of protein in the intestinal tract and circulated through the portal blood stream, leave the liver unchanged. The liver removes the ammonia radical from the amino acid to form urea. The urea is excreted by the kidney. Hepatic coma is a syndrome in which the level of nitrogenous products in the blood rises to a pathological degree. When the level rises sufficiently, the toxic effects on the brain become manifest. The most obvious signs of impending coma are flapping tremor of the hands, increasing drowsiness, lethargy and stupor. Personality changes, loss of memory for recent events, and slow, slurred speech are associated indications.

There are three main ways by which level of the various nitrogenous products in the blood is raised:

Hemorrhage into the intestinal tract may occur as a result of increased pressure in the portal system, or because of lack of coagulation factors in the blood — fibrinogen and prothrombin. The bacteria in the intestine assist in the hydrolysis of the protein molecules into amino acids. These amino acids are deaminized in the intestinal tract to release nitrogenous products which are then absorbed into the blood stream.

The liver may lose its ability to convert the nitrogenous products into urea.

Scarring within the liver offers resistance to the flow of blood through it. Collateral circulation develops on the surface of the abdomen and internally. This shunts a high percentage of blood in the portal system away from the liver. As a result a large number of nitrogenous products never reach the liver to be metabolized.

When a patient is admitted to hospital in hepatic coma, the treatment is

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* P. B. Beeson and W. McDermot, Cecil-Loeb Textbook of Medicine, Philadelphia, W. B. Saunders Co., 1963.

directed towards lowering the high blood level of nitrogenous products. The diet contains high carbohydrate to help protect the liver cells from further damage. Protein is eliminated or severely restricted until such time as the liver is able to metabolize nitrogenous substances. If the patient has had a hemorrhage or is bleeding, the intestine is cleansed of blood by daily enemas and saline cathartics. Small or widely distributed hemorrhages throughout the gastrointestinal tract are treated conservatively with bed rest, Vitamin K parenterally, and transfusions. In addition, an antibiotic, often Neomycin, is given. This inhibits bacterial action and, consequently, the catabolism of protein. The best antibiotic to use is one that is poorly absorbed from the gastrointestinal tract, rapid-acting, and of low toxicity.

The esophageal veins may become varicosed and rupture. If this occurs, prognosis is poor despite palliative measures, involving the use of the Blakemore tube. If the bleeding is controlled by the pressure tube, surgery may be performed to try to relieve the pressure in the portal system. One method involves anastomosing the portal vein to the inferior vena cava. The other, is to anastomose the splenic and renal veins. However, the surgical risk is high since the patient is often extremely debilitated. If successful, the ammonia level decreases; the muscle tremor is less severe; the level of consciousness improves.

Despite the dangers inherent in abdominal paracentesis, it may be performed if the patient has ascites. If paracentesis is followed by intravenous infusion of salt-poor albumen, diuresis may be stimulated. The albumen helps to replace the protein lost in the ascitic fluid. The protein increases the hydrostatic pressure in the blood vessels, and draws some of the excess interstitial fluid into the circulatory system. The increased amount of fluid in the blood stream is filtered through the kidneys; hence more urine is excreted.

A form of triple therapy, using Chlorothiazide, Aldactone, and Prednisone appears to be effective in obtaining diuresis in a patient with severe edema.

Chlorothiazide is a non-mercurial diuretic. It increases the excretion of sodium, by inhibiting the reabsorptive powers of the renal tubules. It may cause some side effects, the most important of which is an excessive loss of potassium. Minor side effects are skin rash and allergic manifestations.

Aldactone is an antagonist of the hormone aldosterone, which is a mineralocorticoid from the adrenal cortex. The production of aldosterone is probably controlled by blood volume and the sodium content of the blood. Normally, aldosterone stimulates the reabsorption of sodium in the renal tubules, to help maintain normal blood volume. In advanced cirrhosis the blood volume is decreased. The normal liver manufactures albumin, globulin, and other protein molecules that contribute to osmotic pressure in the blood stream. When the total protein content of the blood is lowered, the osmotic pressure is reduced and fluid leaves the intravascular system, and goes out into the interstitial fluid. Therefore, the blood volume is decreased. The aldosterone attempts to increase the blood volume by retaining more sodium, and, incidentally, more water in the renal tubule. The interstitial fluid is relatively low in sodium because the sodium is diluted in so much water. The sodium and water in the blood stream are freely permeable and move immediately to form a state of equilibrium with the interstitial fluid. The end result is that because the blood volume is not increased, the aldosterone continues to hold sodium and the cycle is repeated. Aldactone prevents aldosterone from acting and thus interrupts the cycle. Theoretically, this helps to control edema.

Prednisone is a synthetic steroid which has mainly glucocorticoid activity. It appears to complement and enhance the activity of Aldactone and Chlorothiazide. It is also a diuretic, although how this is accomplished is not yet clearly understood. Prednisone is important therapeutically due to its anti-inflammatory action and because it aids in the storage of glucose in the liver. It helps to reduce the effects of active disease and protects the liver from further damage.

Whenever diuretics or steroids are given to a patient for an extended length of time, electrolyte imbalance results. In a patient whose electrolyte balance is already abnormal, this may be sufficient to cause extreme illness.

Hypokalemia is a condition in which the

level of serum potassium is decreased. General muscular weakness, which may progress to paralysis of the extremities and impairment of respiratory movements, is the outstanding symptom. Reduced plasma potassium concentration strengthens the effect of digitalis glycosides which means that toxicity may be precipitated in the digitalized patient. In an attempt to prevent this condition the patient may receive oral preparations of potassium salts, especially when Chlorothiazide is being administered.

A second problem that may be encountered with edematous patients is dilutional hyponatremia or dilution of body fluids. This occurs when the serum sodium level is below normal, that is below 135 mEq/L; when excretion of sodium salts is reduced and when water excretion is impaired. To treat, or prevent hyponatremia, fluid intake is restricted, sometime to as little as 500 cc. per 24 hours.

When the nurse knows the reasons for treatment, she can provide intelligent explanation to the patient and his family. For example, saline cathartics and daily enemas may cause the patient to be worried about the frequency of bowel movement, or to become recalcitrant to treatment. Explanation and reassurance should gain his cooperation. Intelligent nursing care given to the patient who has severe liver disease influences the speed of recovery. It is the responsibility of each nurse to see that the care she gives to her patient is as complete as possible.

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Diet Manual Available

The first standardized and simplified diet manual produced in Ontario and designed for general use across the province is now available. Sponsored jointly by the O.H.A. and the Ontario Dietetic Association and approved by the O.M.A., this 135-page reference manual will fulfill a long-standing need among doctors, nurses, dietitians, etc. The new manual contains standard yet easily understood terminology and diet preparation procedures and will be particularly helpful to smaller hospitals where a dietitian is not employed. Copies of the manual, available at cost, from: Dietary Consulting & Educational Service of the Ontario Hospital Association, 24 Ferrand Dr., Don Mills, Ontario.

* * *

I love everything that's old: old friends, old times, old manners, old books, old wines. — OLIVER GOLDSMITH

MEDICO in Malaya

Canada's first MEDICO team is expected to go into action this summer in Malaya. Although Canadians have served with MEDICO in several countries, they have been members of predominantly U.S. teams.

The team will be made up of: a general practitioner; a surgeon; an anesthetist; two general duty nurses; an operating room nurse; and one laboratory technician. Their job, like that of all MEDICO teams, will be to treat the Malayan people and to help teach Malayan doctors. The team will remain for two years, at that time to be replaced by another team.

Applications for positions on the team will be invited shortly. For further information, contact: CARE of Canada, 1000 Yonge St., Toronto 5, Ontario.

* * *

I'm not a politician and my other habits are good. — CHARLES F. BROWN

Nursing the Patient with LIVER DISEASE

K. DEJONG *and* G. STEVENSON

A description of nursing care of the patient with infectious hepatitis.

Infectious hepatitis, an acute inflammatory disease of the liver, is known to be caused by a filtrable virus that can be detected in the blood and feces. The possibility of permanent liver damage makes the contraction of this illness a matter of concern. Those most susceptible to it appear to be children and young adults. A sudden outbreak in a community occasions much concern among health authorities since contaminated milk, water and food supplies are commonly involved and the source of contamination must be discovered. Social factors must be considered since the epidemic form of the condition is associated with overcrowding and poor sanitation.

Unfortunately, the virus is highly resistant to most methods of destruction except autoclaving, and is readily transmissible from one individual to another. This has definite implications for nursing care and public health measures in general.

For four days preceding admission to hospital Janet had been weak, listless and troubled by frequent bouts of nausea and vomiting. When her "flu" symptoms did not abate the family doctor was consulted. Janet told him that her urine had become very dark and that her stools were an odd light color. Also, a peculiar yellowish tinge had appeared in the "whites of her eyes." These unusual events convinced her that whatever she had, it was not influenza.

Personal History

Janet was an attractive, 19-year-old, business girl. She was active in sports and especially enjoyed badminton and golf as well as participating in curling, skating and dancing. Her parents were pleasant, well-groomed people, deeply concerned about Janet's illness, anxious to cooperate in any way possible with the doctor and hospital staff. They lived simply but comfortably and were able to cope adequately with the requirements for Janet's later convalescence at home.

Janet could not remember contact with anyone who appeared jaundiced nor had she heard of a similar illness among her friends and acquaintances. With her assistance the public health nurses traced all of her own contacts resulting from a skating party, two badminton games, a curling game, a bowling party and a Saturday night dance. All of these contacts, plus Janet's entire family received gamma globulin 0.01 ml. per pound of body weight to provide passive immunity for six to eight weeks which is in excess of the incubation period of 10-40 days.

Signs and Symptoms

Janet exhibited most of the classical signs and symptoms: anorexia, nausea with and without vomiting, fatigue, lassitude, headache and fever, abdominal tenderness and pain. Leucopenia was also present. Laboratory results, reported within 24 hours of admission, showed:

Hemoglobin 90%
Bilirubin (total) 5.7 mg.%
Direct 2.9 mg.%
Cephalin-cholesterol Flocculation + + (normal 0 to +)
SGOT 200 units (normal 50) per 100 cc
Urinalysis Color — Cloudy
Pus — 3-5

Mrs. DeJong is coordinator of inservice education and Miss Stevenson an instructor on the staff of the school of nursing, St. Boniface General Hospital, Manitoba.

Bile — +++
Specific Gravity — 1.008 — slightly low

Nursing Care Plan

Janet's care plan during the acute stages of her illness was not difficult to formulate since she was quite submissive. During the first two days she received 3000 cc. of 5 per cent glucose in water daily by intravenous since nausea and vomiting were troublesome. After the acute stage she received oral gravol t.i.d., one-half hour before her meals which consisted mainly of fluids supplemented by intravenous infusions of 5 per cent glucose in water to increase her intake to approximately 4000 cc.

As she began to feel better Janet presented minor difficulties. Her reaction to the infectious ward was rebellious until a detailed explanation of the necessity of separate technique was given to her by the head nurse. Then she realized that the technique was protective and became interested and cooperative.

Lack of activity was the next problem; Janet had difficulty adjusting to the limitations of bed rest. She strove to overcome the unfamiliar feeling of tiredness that she deemed "silly" since she was "not doing anything." She insisted on being propped up in bed to watch television, read or listen to her radio in an effort to combat lassitude. Reasonable explanation and persuasion gradually convinced her that a rest period was beneficial and resistance to rest ended. Her nurses quickly took advantage of this opportunity to impress Janet with the necessity for continued rest during her convalescence at home. They wished to allow her time to adjust to the idea.

Local skin irritation caused some discomfort. Her room was kept cool since she complained of feeling "itchy" and a local application of Zincofax proved soothing. Janet applied the medication herself as required which provided exercise and a sense of independence.

As her condition improved her need for occupational therapy became more obvious. Consultation with her mother revealed that Janet had not completed her training in shorthand due to extra-curricular activities. The ward instructor discussed this with Janet and it was decided to attempt a review of shorthand with a view to a possible work promotion and as occupational therapy while in hospital. Janet agreed and soon became absorbed in taking down recipes and excerpts from afternoon radio and T.V. programs in shorthand, later reading them back to the interested nurses. This activity, coupled with reading and rest periods served to pass the time pleasantly and prevented boredom and restlessness.

Janet had overcome a constipation problem during her initial confinement by increasing fluid and bulk intake. This gave her a feeling of conquest over the spectres of cathartics and enemas. Her dietary problem was to avoid further strain and injury to her liver. Her doctor had ordered a high protein, high CHO and low fat diet for this purpose. Initially this was accomplished by intravenous and oral fluids but, as her condition improved and Janet showed little interest in food, a selective diet was suggested by the nurses. This sparked some enthusiasm. Eventually Janet chose foods from the suggested list in sufficient quantities to provide adequate nourishment. With encouragement from her nurses she ordered milk drinks, soft drinks, fruit juices, fruits and meat sandwiches until she was ready to face a full course meal.

As the time for discharge approached Janet was coached by the nurses and her doctor concerning the routine that she would have to follow in order to ensure satisfactory convalescence. The importance of rest and diet was particularly stressed. The possibility of relapse was emphasized to add impetus to her cooperation. Janet's parents also received instruction from both the nurses and the doctor. They were fully aware of the importance of her convalescence at home and most willing to help her carry out her lengthy, enforced routine. On the day of discharge Janet seriously assured the nurses that any future visits to the infectious ward would most certainly be of a social nature only. She fully understood her obligation to her parents and herself and appeared determined to abide by her routine.

THE NURSE AS SUPERVISOR

C. R. BROOKBANK

In nursing, as in other fields, the successful practitioner who steadily acquires maturity and experience will eventually find opportunities to move into supervision. Depending upon one's perspective, such a prospect can represent a challenge or a nightmare.

It seems that many nurses do not relish the thought of becoming supervisors. Such a move, they feel, would remove them from direct patient care and from the sense of personal service that accompanies it. My purpose is to interpret supervision as another form of "people" care which, in its way, can be exceedingly rewarding to the person who functions with skill and consideration.

Supervision of Service Unit

In most cases, nursing supervisors will be in charge of units staffed by nurses, nursing assistants, aides, orderlies and others who work as a team to provide comprehensive patient care. The complete recovery of the patient is their main objective. The big challenge for the nursing supervisor is to develop the staff, as individuals and as a group, to achieve the desired goal. In effect, the supervisor must be at the constant service of her team, helping them to know their individual roles and encouraging them to develop personally rewarding associations with the other members of the team.

To accomplish this, the supervisor must look at her staff in two ways — as a means to an end (patient care) and as individuals in their own right — and in that order of priority. Where there is a conflict between the needs of the patient and those of a member of staff, the former should generally take precedence because of the primary objective. Woe betide the supervisor, however, who cites this legitimate set of priorities to becloud the fact that she has forgotten the members of her work unit as individuals with personal objectives — as ends in themselves!

The supervisor of a good service unit will rely on *orientational instruction* and *coaching* as her main leadership skills. In both cases, she will focus on job performance as the means of relating to the individual, since the job is the basic reason for their relationship. In orientational instruction, the supervisor makes certain that the new worker understands what is expected of her and is equipped with the necessary knowledge and skill. Getting the new-comer "off on the right foot" is vitally important to her development as a team member.

Coaching is the "core" function of the supervisor. It constitutes the day-to-day instruction of workers on the job as well as support for them in facing special problems and difficult circumstances. It is the legitimate and expected function of the supervisor — an integral part of her job. If the individual being coached is reluctant to respond, the coach is within her right to pursue the problem and call the individual to account. In the coaching situation, mutual objectives can be assumed in connection with the job or whatever project bring the coach and her "trainee" together. The primary focus is on that part of the trainee's life which is involved in the work setting. Other aspects of her life come under consideration only insofar as they also have a bearing on the work. Emphasis is upon *performance* rather than on the person. The

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coaching relationship is a normal part of a leader-follower relationship, especially in a democratic society.

Supervision of Educational Unit

The primary objective of an educational unit is to develop qualified and capable nurses. There are many points at which the nursing student will come in contact with the patient during her basic education. Such contacts are, however, primarily for her benefit rather than for the benefit of the patient. The welfare of the patient will be protected at all times since the student is under close supervision, but the success of an educational unit supervisor is not measured mainly by the number of patients who are served but, rather, by the number of qualified students who are graduated. Wherever there are strained relationships between supervisors of service and educational units, there is good reason to suspect that the difference in primary objectives will be at the root of the problem.

The educational unit supervisor also has two main leadership skills. The first one is *orientation instruction* and is much more extensive for the student than for the new employee in a service unit. Most educational unit supervisors have little difficulty with the formal classroom aspect of the job. The supervisory function often becomes cloudy, however, when the student takes her practical training in service units and gradually becomes less dependent upon her teachers. When this happens, the leadership pattern of the educational unit supervisor must change gradually but significantly. She begins to assume her second major leadership function, that of *counselling*.

Counselling is a much more indirect function than is coaching. Its focus is primarily upon the person being counselled; unlike coaching, performance is secondary — not unimportant, but secondary. Remember that the student nurse is not simply learning a set of routine duties; she is also developing a professional concept of self. This kind of individual growth experience, especially in a concentrated and intense learning situation, can produce surprising changes in a person and, at the same time, special problems for her. These experiences may be further complicated for the student since she is usually on the threshold of womanhood.

One of the main frustrations of counselling is that, unlike coaching, it is only effective when the initiative for it is taken by the counsellee. A coach can tackle the "problem" individual directly, like a prize-fighter; a counsellor must rely on the impetus of the counsellee, like a judo expert. The counselling relationship is usually much more "individualized" than the coaching relationship. The counsellor often has no chance to observe the behavior of the counsellee prior to the interview, as the coach might do. She must, therefore, rely to a much greater extent on the interview as the basis for appraising the problem or situation.

An important objective in coaching is to build a stronger understanding and continuing relationship between the individuals involved. This can be very important to the supervisor of a service unit. In counselling, however, an effort should be made to make the student *independent* of supervision; the counselling relationship is temporary. The educational supervisor who can do this effectively will be demonstrating leadership in the highest form known to our society.

Summary

Nursing supervision is primarily the leadership and development of people. The difference between the "picture" and the "vision" depends upon the capacity of the incumbent to see the opportunities for service to others. This is the key that turns a nightmare into a challenge!

Destiny has more resources than the most imaginative composer of fiction.

—Frank Frankfort Moore

A radical is a man with both feet firmly planted in the air.

— Franklin D. Roosevelt

Personal Contact in Teaching

SIDNEY JOURARD, PH.D.

Personal contact doesn't mean wallowing in personalities or in the joy of one another's company. It means bringing out into the open anything in the relationship between teacher and pupil which might have an impact on the process of learning.

Today, we have millions of people hoping and expecting to learn something they treasure from a much smaller number of people who already know it. In the face of staggering numbers of students, educators have explored methods of mass teaching. Some typical efforts include: lectures and demonstrations by experts, presented through movies or TV to large groups; and so-called teaching machines. These are actually carefully ordered sequences of tasks, or passages for students to read, followed by a question that asks the student what he has just done, followed again by the correct answer, so that the student will have immediate knowledge of results.

These are innovations. We still have classrooms in which lecturers drone on about subject-matter which has been cribbed from a book, and students listen, take botched-up notes, and then mark *T* or *F* on objective quizzes at the end of the semester, or write illegible, grammatically horrible answers to questions based on this material.

I have no objection to lectures, movies, TV, or programmed teaching devices. Students learn something from them without doubt—even if it is not quite what the teacher had in mind. For example, students may learn how to appear attentive when, in fact, they are thinking about last night's date. Or, they learn how to spot biases of their teacher which will tip them off about likely questions on the final exam. But this is hardly education. Education means leading forth, it means bringing valued behavior and knowledge into being which was latent and potential in the pupil.

Teachers are most likely to know the ignorance of their students and the size of the task which confronts them when there is regular, *communicative* contact between teacher and student. In the last analysis, the judge of the competence and progress of a student is the teacher's opinion. Objective quizzes cannot take the place of this informed, subjective judgment. Somewhere along the line, if desired learning is to occur, the teacher has to become acquainted with the subjective, personal side of every student. She has to find out what the student thinks, believes, is interested in, and how far she has come along.

While it is true that learning occurs as an outcome of consequences to action, students do not know what they should do in order to learn or what their teachers think they should do. This is why we have teachers — to select what is to be learned, and to facilitate the process of learning it. But no matter how hard we try to avoid it, *there is no more effective way of promoting learning than dialogue between the learner and the* teacher. This is a time-honored bit of knowledge, going back, perhaps, to Socrates.

It is more than coincidence, that psychotherapists are finding that "wellness" is restored in maladjusted patients through dialogue. In fact, I have become so impressed by the parallel between teaching and psychotherapy that I now see them as wellnigh identical processes, with almost identical outcomes when they have been effective. The aim of psychotherapy is to help a person change

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from condition *A*, in which he is bogged down by ignorance about himself, to condition *B*, in which he is not only more highly informed about himself, but he also has *acquired a self* and the courage to be this self in his everyday life. In education, we have students seriously limited by ignorance and false belief; at the end of the educative process, we hope they have become more informed about the world, themselves, and their relation to the world.

No psychotherapist can hope to help his patient without coming to know him, and without continuous contact with his hidden, subjective side. This contact is maintained as a consequence of the patient's full and free disclosure of his stream of thought and feelings while he is the presence of the therapist. This disclosure of self informs the therapist of the patient's present state. The therapist, in response to each moment of disclosure, can inform, reflect, approve, question, interpret, become angry — in short, he can do anything which will facilitate the kind of growth in which he and the patient are interested. The patient, as he discloses his being to the therapist, in turn learns much about himself.

Let us look at the situation with regard to education. Under optimum conditions, a teacher can engage in dialogue with his pupil, and can urge the student to make his "being" naked before the teacher's gaze. He can ask the student to tell what he is interested in, what he presently knows, or thinks he knows; to try to perform skills, so that both might know how dismally ineffective and incompetent the student now is. Once the teacher has access to this crucial information, he can then begin to put the student through some motions. These motions may include reading books, or trying to perform injections. Whatever the motions are, it is essential that the teacher then provide as close to instant feedback as is feasible, approving the responses that approximate the desired state, and ignoring or correcting the bungles. *What is essential here is that the student do something, and that the teacher see the product, and assess it.*

Clearly, this ideal state of affairs is not feasible with large classes. However, it is possible to approximate it, given a little thought, ingenuity, and *determination* or resolve on the part of the teacher.

One of the most effective means of fostering personal contact, or nearly personal contact between teacher and student even in crowded classes, is the so-called reaction paper. This technique requires the student to type or write his reactions to a lecture, to a book that has been read, to an experience with a patient, etc. If students are required to do this, and to do it honestly, they and the teacher gain much from the experience. The teacher then must honestly read, and honestly react to the reaction paper.

The typical course of events with reaction papers at our nursing college runs something like this. The freshmen students in their introductory nursing course read many books and articles. They have to write out what they have learned from the experience — what it meant to them, what questions it raised, what insights they gained, if any; in short, what they got from the book or paper. The first response that students manifest when asked to write out their reactions, is one of paralysis. They sweat and grope for what they *think* the instructor wants to hear or read, and they write this down. The instructor will then react to the students' papers, by writing comments in the margin. If the teacher thinks that the student is trying to impress her, she may write, "I think you are pulling my leg." If the student writes, "I thought this article was sheer nonsense," the instructor will reply saying, "Why do you think that?" In short, the reaction paper provides the perceptive instructor with a kind of gauge as to what is going on in the student's mind as she reads this, or practises that. The value of the reaction papers cannot be overestimated, even though some of the students quickly learn to "hoodwink" their instructors with what seems to be a sincere statement of personal learning, but is actually just a more subtle case of impressing the instructor. This is hard to avoid, but the fakers, if poor students, will reveal this fact on their final examinations,

which should consist of searching tests of knowledge and competence.

Another method of fostering personal contact is, of course, during lectures and discussion groups. Whenever the teacher and students are together, the instructor should feel free to fire any question about anything at the student. This is fair only if the student can likewise feel free to ask the instructor any question within reason. For example, the student can ask the instructor, "have you ever felt like strangling patients?" and the instructor should feel free to answer "Yes."

What sorts of things militate against personal contact of the sort I have been describing? One of the more obvious things is insufficient time. Even if there is a large class, there are still occasions when it is possible to engage in person-to-person dialogue with a student, dialogue in which the self of the instructor is as naked as the self of the student. The kind of thing which impedes personal contact is an atmosphere rampant with anxiety, where students are in dread lest they become known, and where instructors refuse to permit their true assessment of the student, and their own reactions and experiences as nurses and teachers to become known. In fact, some teachers take pride in being impersonal about their teaching, about keeping their "self" out of their relationships with students.

Self-disclosure means making one's self known to another human. It should be obvious that we, as humans, have the capacity to choose between being ourselves transparently in our transactions with others, so that the other person then comes to know us; and we have the capacity to be opaque, to hide our real selves from the gaze of the other person, as a poker-player hides his joy over being dealt four aces. If we hide or fake our real selves, then it follows that the other person cannot know us as we are in the transaction with him.

Now, reality is not always pleasant, in fact it is sometimes downright vile. The reality of our immediate being, and of the selves of other people is sometimes frightening or disgusting, and in polite society, should, perhaps, be masked. But in dealings between lovers, friends, teacher and pupil, therapist and patient, where the aim is to promote learning, or health, or happiness, there is no place for semblance or faking. It is only as the student reveals himself that the teacher has the opportunity to know what yet remains to be taught. It is only as the teacher reveals her true thoughts, doubts, speculations and so on with respect to the students' performance, or to the field at which she is supposed to be expert, that the student can get a truer picture of what it might be like to be a member of that profession.

Have you ever had the experience of watching the public performance of a pianist, an actor, a teacher, etc., and imagined how delightful it must be to be so competent, so sure of oneself, so in command of the situation and of oneself? When a student compares his doubts, his awkwardness, his ignorance, with what he sees of the "finished product," he feels hopelessly incompetent. He may even suppress all these genuine experiences, and try to convince himself and teacher alike that he has no doubts, no uncertainty.

Where this is the case, a number of bad outcomes will ensue. For example, the student will become increasingly self-alienated. She will lose contact with her real inner experience, and try to replace it with what she thinks she is supposed to think, feel or believe. This leads to neurosis. Another outcome to such suppression of true disclosure of self is that further growth is impeded. Still another outcome is that many mistakes, false beliefs, and needless antipathies will persist unchanged, though unconscious. This can rob any profession of the zest there may potentially be in it.

If you ask a true professional to acknowledge his inner experience, he will avow that he sometimes hates his work, sometimes is in despair over his ineptitude, while sometimes he is proud — in short, he reveals that he is a human person struggling to do something. Students need to learn that there is *never* a time when one feels finished and fully trained. They won't learn this unless their teachers are as open with them as they expect the students to be.

It takes courage to be open. It takes

courage to enter into true dialogue with students. And dialogue, to be worthy of the name, must be truly mutual. A lecturer, for example, should feel free to reveal, not only the facts on the syllabus, but also what they mean to her as a human being. She should feel free to relate anecdotes, depart from the syllabus, and, in general, to behave in ways that will show her to be a human being, one who is perhaps more competent in caring for patients, but not necessarily more competent, say, at tennis than students are.

An instructor needs courage to reveal to students what she thinks of their performance. She often needs courage to flunk them. She needs courage to offer support to a student. How does one get this "courage-to-be?" One means is through assured support. But where to find such support?

One place where teachers of nursing can look for the support that fosters courage-to-be is from colleagues. It is a curious thing but nurses seldom sympathize with each other, or seek from or give support to one another. I think this is because, traditionally, nurses have competed with one another for favor from doctors, or patients, and have thus not been true colleagues.

Teachers of nursing have seldom felt free to disclose their feelings of inadequacy to their deans, or to their colleagues, for fear of being "clobbered." As a matter of fact, this may have been warranted fear — too often, senior people in nursing got their positions by default, not competence, for example, by staying unmarried the longest — and they may not be capable of giving support.

Just as the teaching process in professional settings is fostered by personal contact between teacher and pupil, so the teacher's existence as a teacher is fostered if she has enjoyable, challenging, supporting relations with her colleagues. This does not mean that she must play bridge with them in off hours — nurses probably see too much of each other after hours. Rather, it means that, while on the job, teachers do not have to wear a mask over their frustrations, ideas, plans, doubts or inadequacies, to hide them from well-intentioned colleagues. If the colleagues truly are out to "do a teacher in," then of course it is good that we have the capacity to hide our true selves.

To return, in conclusion, to the theme of personal contact between teacher and pupil: This is a matter of *choice* on the part of the instructor. She sets the stage. If she wants to become acquainted with her students' inner experiences, she must take the initiative, and make it possible for each student to freely disclose her experience as she wrestles with subject-matter, patients and procedures. This means interviews, reaction papers, direct observation, classroom discussion, as well as the more traditional tests and quizzes.

It means bringing out into the open anything in the relationship between teacher and pupil that might have an impact on the process of learning.

The Centre for Handicapped Children

S. R. LAYCOCK, PH.D.

An account of the recent developments at the University of British Columbia.

The problem of dealing with handicapped conditions in children is being attacked on many fronts. Increased emphasis is being placed on prevention in the prenatal and postnatal stages of a child's development. However, there is also an urgent need for a concentrated effort through research to find improved methods of promoting the social and educational development of all types of handicapped children.

In October, 1963, the University of British Columbia opened a Centre for Handicapped Children. This is directed to student-training, observation, and research in the behavior and development of handicapped youngsters. The Association for Retarded Children of British Columbia together with the Williamson Foundation made a grant sufficient to establish and maintain the Centre for one year.

The University already had established a Child Study Council made up of all disciplines concerned with children and had opened a Child Study Centre for the observation and study of normal children at the nursery school and kindergarten levels. Now, the Council will also have under its control the new Centre for the study of handicapped children. Under the Council's direction this new centre is administered by the head of the Department of Special Education. In 1962, a psychologist, Dr. Charlotte David, was brought to the University to get the project under way.

From the first the Centre has been planned along interdisciplinary lines. Students in education, medicine, psychology, and social work will use the Centre for observation and research purposes. In addition, the centre will be used for training teachers in the Faculty of Education. An observation room makes it possible for students to observe the children through a one-way screen.

The Centre at present plans to accept six to ten children and will concentrate at first on the study of mentally retarded children of the "educable" type (I.Q.'s roughly 50 to 70). As a long-term project the Centre will concern itself with the study of all types of handicapped children.

While special classes for the "educable" retarded have been in existence for many years, the study of these has, in recent years, been relatively neglected while emphasis was placed on the organization of special classes and schools for the "trainable" retarded (I.Q.'s roughly 30 to 50). Since the educable group is roughly five times as large as the trainable group and since its members are able to make some progress in school work, attention is now swinging towards discovering how best these children can be educated.

In the past, this group of retarded children started kindergarten or Grade One at the usual age and it was only after they had failed in Grade One and usually in an additional grade that they were transferred to special classes where such had been organized in the school system. Unfortunately, the above practice meant that no special effort was made to meet the needs of these youngsters until they had encountered failure for two, three, or more years. The damage to their self-

Formerly Dean of Education at the University of Saskatchewan, Dr. Laycock is now a special lecturer in education at the University of British Columbia, Vancouver.

concept and to their attitudes to school work was usually great. This noticeably hindered any attempts on the part of special class teachers to develop these youngsters to their maximum potential. Indeed, in some cases, the results of continued failure in the work of the regular grades, made these children, to a degree, emotionally disturbed youngsters with emotional blocks to learning.

Because the educable retarded often differ little in outward appearance from normal youngsters but merely seem to exhibit problems of slow development they are usually not identified until they begin to fail in the work of the regular grades.

The Centre for the Handicapped of the University of B.C. hopes to locate such children while they are still in kindergarten. It is estimated, for example, that 260 children who begin kindergarten in Vancouver each year fail to reach a satisfactory level of readiness for the first grade by the end of one year. The centre will seek to identify these youngsters. Dr. David will give them an individual intelligence test and appraise their perceptual, motor and speech development.

After the children are tested it is planned to set up four groups of about ten pupils each. Each group will be subjected to a different kind of educational experience. The children will be matched for age, sex, intelligence and socio-economic status. One group will spend an additional year in kindergarten, a second will go on into a regular Grade One class, a third, will enter a special class and the fourth will be enrolled in the Centre for the Handicapped at the University.

There will be systematic re-testing of the children in the above groups at regular intervals up to two or three years in order to determine if any group or groups improve significantly in any area of their development. The project will be carried out on the basis of well-planned and well-controlled research with specific hypotheses being tested.

One of the possible results of the above study might be to modify the policies of school boards with regard to retaining an educable retarded child in kindergarten for two years or of putting such a youngster into a special class after kindergarten without waiting for two or more years while enrolled in regular classes as has commonly been the practice in the past.

The Centre plans to work very closely with parents. There will be psychiatric, psychological and social work consultation available.

In the recent past, much time and energy have been expended in organizing special classes and schools for retarded children. While this must continue, even at an increased tempo, a major emphasis must be placed on improving the quality of the educational experiences these children undergo. This necessitates a great deal of careful and systematic research by trained investigators. The Centre for Handicapped Children at the University of B.C. is a major step in Canada for providing soundly based knowledge of how best to promote the development of the retarded and, eventually, of other types of handicapped children.

Be not elated at any excellence not your own. If a horse should be elated, and say, "I am handsome," it might be endurable. But when you are elated and say, "I have a handsome horse," know that you are elated only on the merit of the horse. What then is your own? The use of the phenomena of existence. So that when you are in harmony with nature in this respect, you will be elated with some reason; for you will be elated at some good of your own.

— EPICTETUS

* * *

True nobility is exempt from fear.

— WM. SHAKESPEARE

* * *

The best mirror is an old friend.

— GEORGE HERBERT

IN A CAPSULE

ASSESSING QUALITY OF CARE

Self-regulation is one important function of any profession. Nursing thus has a responsibility in assessing the quality of care given to hospitalized patients. Surveillance includes *people* who may be sources of information and *procedures* used to elicit this information.

When questioning patients, several principles must be observed: Inquiries should be made periodically since patients tend to forgive and forget; the patient's faith in hospital care must be maintained; a report of happenings rather than an evaluation should be sought.

Visitors should be considered as secondary sources of information and their comments traced back to primary witnesses — the patients. Physicians' reports of patient complaints should be recorded and examined. Any reporting system that involves the nurses themselves making a judgment should protect both the reporter and the reported. The objective is remedy — not punishment.

A variety of techniques should be used. Direct "spot checking" during nursing rounds is one useful method; on-the-job proficiency study of personnel is another. Direct interviews can be useful providing they are handled skillfully. An active type of report which serves to point out deficiencies in nursing should be submitted at regular intervals — as well as at the time an irregular incident occurs. Careful review of patient records can also be helpful. Here, emphasis should be on style and completeness of the procedures and techniques described. — Blumberg, Mark S. and J. A. Drew. Methods for Assessing Nursing Care Quality. *Hospitals*, 37:72, Nov., 1963.

HIGHWAY FIRST AID

The physical forces involved in an automobile accident, combined with the sudden deceleration which usually occurs, result in two mechanisms of injury to the human occupant. Direct trauma produces wounds, contusions, fractures, dislocations and other injuries. Sharp deceleration produces visceral lesions from sudden forcible flexion or extension, displacement of normal viscera in their natural cavities, and bursting due to acute increases in pressure in vessels, bronchi, hollow viscera, on the diaphragm or on the pelvic floor.... Depression and damage to the respiratory or vasomotor centres may quickly become irreversible if action is not taken immediately.

Immediate first-aid measures include: institute resuscitation; provide adequate oxygenation; turn casualty on side with head lowered; limit movement.

Roads users should be taught to pull the tongue forward, clear the pharynx, hold the jaw forward, turn patient on side, raise his legs, lower his head and perform mouth-to-mouth artificial respiration. Transportation should be by ambulance manned by trained personnel. — Arnaud, M. *Bull. Soc. Int. Chir.*, 22:202, 1963, as abstracted in *C.M.A.J.*, 90:8, 1964.

INTO THE FIRE !

Following the release of the U.S. Surgeon General's report re smoking, many persons announced that they were finally going to relinquish the habit — tomorrow.

According to the Montreal *Gazette*, a number of students in Ottawa turned "thumbs down" on *nicotiana tabacum* in a very dramatic fashion:

> Gaily waving "We've stopped smoking" signs, 200 students of the Eastern Institute of Technology gathered at an outdoor demonstration to toss their cigarette packages onto a roaring bonfire.
>
> The noon-hour pep rally included a two-mile parade in below-zero weather to the bonfire site. After a final few puffs, the students threw their packages into the flames and recited a pledge never to smoke again. A crowd of adults, many of them smoking cigarettes, watched the ceremonies.

NURSING SHORTAGE: A POSSIBLE SOLUTION

MONICA D. ANGUS, B.S.N.

Agencies should take steps to encourage the married nurse to return to the profession.

It is not surprising that the present-day demand for trained personnel in health and welfare agencies exceeds the supply. The population explosion and expanding health services, together with the need for higher standards in these services, have helped to bring about and to perpetuate the crisis. One cannot but wonder, however, if the present shortage of personnel is really necessary. Is it not possible that the countless numbers of professionally educated women who are no longer employed could be encouraged to return to their former work? Is it not possible that their reluctance to return to work is due, in part, to an inflexible attitude on the part of administration to change the rigid work-day pattern — the eight-hour day, the 40-hour week?

To illustrate how society loses the skills of professionally educated women, let us take, as an example, the young graduate of a basic nursing program.

This young graduate has just completed a three, or, perhaps a five-year course which enables her to make a valuable contribution to society. Whether or not she actually makes this contribution depends, to a great extent, on how soon she marries after graduation. When she has a child, she may find, as many women do, that being a mother and working outside the home are incompatible.

Why is it that this young nurse will not return to the labor force after she has had children? Is it because her husband's wishes are that she remain at home and see to the family's needs? Is it because the days of good domestic help are gone and she is unable to find a suitable "mother substitute?" Is it because the rising figures on juvenile delinquency and illegitimate births make sensible parents question the absence of parental control from the home? Or is is because she cannot bear the long hours of family separation that an eight-hour day of work would entail? Does she refuse to take a job simply because she just does not have enough energy to come home and start doing household chores after her work day is over?

Whatever the reason for her failure to return to the labor force, the result will be one less fully-trained person to provide patient care. Multiply this one loss by all the other young nurses who marry and do not again take up their chosen profession and the result is what exists at present — a shortage of professionally trained workers in nursing.

The question that society must ask itself is: Should the learned skills of these women be allowed to atrophy, or can a way be found to reclaim their services when they are ready to take on something outside the home?

Dr. Komarovsky, Professor of Sociology, Barnard College, Columbia University, spoke of this at a conference on "The Real World of Women." She made a suggestion as to how the working hours of a married woman with family responsibilities could be changed to suit both the family and the job:

Now, 9:00 a.m. to 3:00 p.m. is a reasonable stretch of work. Before long we may all be working such hours. Is it really so

Mrs. Angus is a graduate of St. Paul's School of Nursing, Vancouver, B.C., and the University of British Columbia School of Nursing.

disruptive for educational institutions [and health agencies] to make this or similar adjustments as a price of reclaiming the services of able women in such a way that these women could also discharge their family obligations?"

I suggest to you that Dr. Komarovsky's proposal is probably the only way that society can make use of the numbers of trained women that are permanently lost through marriage and motherhood.

When children are very young, a mother has little time to consider professional work — she is much too busy attending to their needs. But when the youngest child begins school, the woman of active mind will find herself presented with a vacuum which, if she is not to become bored, she must learn to fill. Some married women fill their free hours doing voluntary work; others may find the often-wished-for time to take up gardening or other satisfying hobbies. There will, however, always be that group whose interests lie in the field in which they were trained. It is to this group that management must direct its attention.

Why is it that hospitals and public health agencies, the prime employers of nurses, cannot create a 9:00 a.m. to 3:00 p.m. working day for its working mothers? I should think that these agencies in particular would be very concerned about proper child care. It does not seem sensible that working mothers are held to hours that keep them away when their children are at home. Some professional women — doctors, lawyers, social workers, etc. — are able to arrange their work-day to suit their needs. Why is it not possible for the married nurse to do the same?

The Six-hour Working Day

1. *In a public health agency:*

Broadly speaking, the work of the public health nurse can be broken down into four categories: school work, home visits, clinics, and office. The time spent by the nurse in each of these activities depends entirely on the case load given to her by the unit and head nurse. Each nurse is given a district which the department expects her to service; within limits, the planning of the work is left to her. A nurse who has a district with a large number of schools in it will, of course, spend more time in the school than the nurse who has only a light school load. The nurse with the light school load may have a larger geographic area to cover and more baby clinics to attend. Generally, the work loads of all but the very new staff members are nearly equal and at present all nurses work a 9:00 a.m. to 5:00 p.m. day.

If the department of health were to allow the units to hire married women who would work from nine to three, all the things that are now being done by the public health nurse could still be done; the only difference would be that the married nurse would have a lighter case load than the nine to five nurse. The nurse would still visit her school in the morning; she would still be able to attend clinic or make home visits in the afternoon; she would still be able to finish up her day completing records at the office. The pattern of work for each nurse need not change, only the number of hours allotted to each daily nursing activity. Instead of six nurses working eight-hour days, eight nurses would work six-hour days and the amount of work accomplished should be the same. If the office hours *must* be 9:00 a.m. to 5:00 p.m., only the receptionist need work the full eight hours to insure that telephone messages are taken and questions answered. If the need arose to have a nurse in the office from 3:00 p.m. to 5:00 p.m., one nurse could work an eight-hour day. There will always be those nurses who have no commitments at home and who will prefer to work the eight-hour day. These nurses would, by choice and because they were earning more money, have the responsibility of staffing the unit when necessary during the low staff period of 3:00 p.m. to 5:00 p.m.

2. *In a hospital:*

The general rule in most hospitals is to have the nurse work an eight-hour shift — either 7:00 a.m. to 3:30 p.m., 3:30 p.m. to 12 midnight, or 11:30 p.m. to 8:00 a.m. The day shift employs the largest number of nurses, the evening shift employs fewer and the night staff the least. The number of nurses on each shift is regulated

according to the amount of nursing care needed during the eight-hour period. Apparently, management believes that the evening and night shifts require fewer nurses because of diminished patient needs. My proposal is that general hospitals *could* institute a shift of from 9:00 a.m. to 3:00 p.m. during which time there would be an even further intensification of direct patient care. Why is it necessary to bring a full complement of nurses on at 7:00 a.m. when essentially, all the patient does from 8:00 a.m. to 9:00 a.m. is to have his temperature taken and eat his breakfast? On the average ward, most patients feed themselves and do not require the nurse till the breakfast period is over. On such wards as pediatrics and geriatrics where a large number of patients must be fed, the number of staff coming on at 7:00 a.m. need be no more than that used on the 3:30 p.m. to 12:00 p.m. shift for the dinner period. The bulk of the day staff would be on duty at 9:00 a.m. and from this time until 3:00 p.m. the daily needs of the patient could be attended to by the six-hour shift nurse.

By means of such a shift, the hospitals could probably reclaim the services of those nurses who cannot or will not leave their families during the hours of family need. Often, in nursing, we hear about the self-sacrifice that is necessary. But is nursing justified in reasoning that this self-sacrifice must interfere with family obligations? I am sure no patient would rest easily with a nurse whom he felt was denying her family in exchange for a few dollars and an hour at his bedside. Any nurse who feels she is not doing right by her family does not belong at the bedside; her guilt feelings would probably overwhelm any interest she might have in the patient's problems. Administration will, of course, claim that the only fair way to divide the work on a 24-hour basis is for all nurses to rotate. But cannot this same administration make the shift work attractive enough so that those nurses who can work the evening and night hours will do so? Why not provide extra benefits, *including monetary,* for the worker who is willing to adjust to the countless changes that must be made because of hours of work.

Conclusion

I believe an analogy can be drawn between the situations described and the staffing of any other agency which might employ nurses. Some workers will prefer to work an eight-hour day; others, because of family ties, will prefer to work the proposed six-hour day. If the agency can lighten some of its case loads for the women who can work only the shorter hours, why would this proposal not be an acceptable method of filling the job vacancies that exist in the health field today?

On all levels of professional work, and more particularly in nursing, there does and will continue to exist a shortage of workers unless management can make some adjustments. Society should somehow be able to benefit from the training which it helped to give its skilled workers. In the case of the trained married nurse, employment on an eight-hour basis today does not allow her enough time to fulfill her family obligations. It has been suggested that a 9:00 a.m. to 3:00 p.m. shift for those married women who are willing to make some contribution outside the home might be a solution to the problem of a nursing shortage. It would be interesting to see what nursing management could do with this challenge.

If you want to be miserable, think about yourself, about what you want, what you like, what respect people ought to pay you and what people think of you.

— CHARLES KINGSLEY

Security is the mother of danger and the grandmother of destruction. — T. FULLER

* * *

There is no sin except stupidity.

— O. WILDE

Reorganization of a Department of Nursing

EILEEN E. JAMESON, B.SC. *and* E. JEAN MACKIE, M.A.

I see before me a vision of a school of nursing working out its educational ideals with complete freedom, adjusting its measures in response to carefully ascertained needs of the community and offering a quality of education and training which commands the entire respect of the public. I see the training school possessing complete autonomy as a school and yet carrying on a very large portion of its work in the hospital.

— M. A. NUTTING

INTRODUCTION

Many years ago Miss Nutting summarized the observations of her outstanding nursing experiences into this hopeful prediction. The reliability of a prediction cannot be evaluated when it is made. It must stand the test of time.

A few schools in Canada have achieved a degree of autonomy in establishing educationally sound programs. But what of the hospital-controlled schools of nursing? The difficulty in providing a sound educational program in the latter environment has been pointed out in a report by Ginzberg.

> The atypical structure of nursing education, particularly the sponsorship of schools of nursing by busy hospitals, has established a unique framework. The primary objective of every hospital is the effective treatment of the sick and injured. It must devote its major resources to this end; it must therefore resolve any conflict arising between its therapeutic and educational missions in favor of the therapeutic.

A clearer delineation of the responsibilities of the hospital toward the care of the sick and toward the educational preparation of nurses would undoubtedly be desirable. This would involve experimentation in organization of departments according to their purpose within the hospital structure; establishment of lines of communication; decentralization of the budget; redelegation of authority to personnel.

One of the first principles of administrative organization is to establish the purpose of the institution. Recognition of the two distinct purposes inherent in a department of nursing must be achieved before a successful attempt can be made to reorganize. Consensus among nursing leaders regarding the presence of two purposes has not always been possible. However, there is evidence that some have changed their thinking. An example of this is Heidgerken's approach to the situation. In an article a few years ago she stated, "there is the same basic purpose for nursing education and nursing service. Nursing service is meeting the nursing needs of people and nursing education is preparing persons to meet these nursing needs." Two years later, in the May, 1961 issue of *Hospital Progress*, she observed that "there are differing purposes for which the hospital exists and for which the school exists."

For many, many years directors of nursing in large hospitals have carried dual responsibility for the fulfillment of the purposes of the department of nursing. The perplexing conflicts which resulted were observed by Nutting, and were attributed to the fact that the director or superintendent was:

Miss Jameson is director of nursing education and Miss Mackie, assistant director, Calgary General Hospital, Alta.

... deeply loyal to both purposes, seeing clearly the needs of each, anxiously concerned in carrying out both purposes to the fullest possible degree ...

but

she is, wherever they conflict, between the upper and nether millstone.

It would seem advantageous, then, for the department of nursing to be reorganized into a department of nursing education and a department of nursing service, each with its specific purpose. Urwick has stated that:

In an organization with one purpose there should be one chief executive through whom authority is concentrated. Unless there is one interpretation of policy, and one only, operation is less effectively coordinated than it should be.

Appointment of a chief executive or director for each department is the next step in the reorganizational experiment.

Within the past few years this administrative structure has been functioning satisfactorily in many large hospitals with schools of nursing, in the United States and Canada.

HISTORY

In January 1962, the Department of Nursing of the Calgary General Hospital was reorganized to form the Department of Nursing Service and the Department of Nursing Education. The positions of director and assistant for each department were created to replace the former positions of director of nursing, assistant director of nursing, associate director of nursing education and associate director of nursing service.

In 1952 when the late Gertrude M. Hall accepted the position of director of nursing in this hospital and school of nursing, she did so because she could see a challenge and an opportunity to establish an improved program for nursing students and to revise nursing service in order that a desirable standard of nursing care could be provided. During the eight years that Miss Hall held this position, a well-prepared faculty was appointed to conduct the educational program for the students. Acceptable standards of patient care were carefully established and maintained by an adequate staff of nursing service personnel. Under the outstanding leadership of Miss Hall and her assistants, Margaret Street and Catharine Aikin, the Department of Nursing developed and functioned on a sound democratic basis.

The transition from one department of nursing into two, with the establishment of new positions, new lines of communication, and the redelegation of authority, was achieved with a minimum amount of disruption. The faith and confidence that the staff had had in the previous structure, provided the matrix for the strength of this group effort. An organizational structure for the two departments was formulated and a chart prepared to clarify lines of communication and authority for all personnel in both departments. Job descriptions had to be written for the four administrative positions and eventually for all other personnel.

EVALUATION

The effectiveness of the operation of each department and their relationship to other departments was carefully evaluated and assessed at the end of the year by the administrator of the hospital, the director of nursing education and her assistant, the director of nursing service and her assistant, the head nurses and the faculty.

The Administrator's Review: Observations of the trial period indicated that within the Department of Nursing Education:

The change had created a totally independent functional department. Prior, the attributes and components were on a shared basis, and loyalties, and hence the activities tended to be fluid, depending on the circumstances existing at any moment of scrutiny. Since the change, this shifting has not occurred and in its place has been the development of new policies, new techniques, and new concepts in keeping with good educational principles. The freedom for departmental decisions and operations within broad limitations has apparently produced stability of ideals of education and stability of personnel of the faculty.

Included in the administrator's impression of a "totally independent functional department" was the concern that:

There might develop changes in the role

of definitions of a nurse, with what may at times appear to be undue emphasis on what has been called "over-education." This comes about because of the general trends to higher education and the fact that a nurse is caught in the whirl of becoming a specialist as general medical knowledge and techniques come from institutions of high learning.

With reference to the Department of Nursing Service, the administrator felt that the change had produced:

... a stability and security in the department and in the personnel occupying the senior positions. The change was not as evident because the personnel involved had had a responsibility and accountability not too unlike that which the change provoked.

The important facet of the change to this Department appears to be similar to that in nursing education, that is that the ideals and principles, though they change to be current, or even in the vanguard, are the same as under one director, and the development of a single department has assisted and strengthened the original concepts for patient care.

In regard to the area of inter-departmental relationships, these have appeared to be improved because it is now evident that the operation of each department is clearly thought out, planned and executed within the budget allowed and the general operating principles of a large general hospital with a school of nursing. Minor differences appear easier of solution and problems diminish in proportion to close working arrangements, mutually satisfactory. Relationships with other hospital departments have become strengthened for the two separate departments, because other department directors now know the organizational structure of these departments and recognize the responsibilities of each.

In conclusion the administrator stated that:

The change has been good; it will alter as needed in minor ways and it provides the means and principles to meet the philosophies for such an institution with a school of nursing.

The Department of Nursing Education: Assessment of the trial period from the stand-point of this department was directed towards operational aspects within the department itself; relationships with the Department of Nursing Service, the students, the administration, the Board of the hospital, and the medical staff.

A. *Within the Department:*

1. The work of the Department of Nursing Education appears to have been facilitated by direct communication with the administrator of the hospital.

2. Freedom from service responsibilities has allowed more time to be devoted to the planning of the School of Nursing curriculum.

3. The director of nursing education has been able to establish a more comprehensive participation in all aspects of the student program — educational, cultural and clinical.

4. The director of nursing education has a better understanding of the total curriculum involving clinical practice and residence program, as well as instruction of students.

5. It is more effective to have one person, the assistant director of nursing education, responsible for both curriculum development and clinical rotation of nursing students.

6. Daily meetings of the director of nursing education and the assistant have resulted in keeping each one aware of all aspects of the administration of the department.

7. Since the school is geographically removed from the hospital, administrative decision has been expedited because the director is centrally located within the school.

8. The job descriptions of the positions of director and assistant have been clarified because a better delineation of function for each position has been possible.

B. *Relationships with the Department of Nursing Service:*

1. Close communication has been maintained. This is essential due to the dependence of the preparation of the nursing student on the opportunities for suitable and adequate practice in the hospital.

2. Regular weekly meetings of directors and assistants of both departments have permitted exchange of information and discussion of mutual problems.

3. The acceptance by nursing service of changes in the program affecting the students' contribution to service, has been appreciated by the department of nursing education.

4. Improvements are required in the following areas:

a. Communications between teachers, supervisors and head nurses in matters regarding students' contribution to service and their educational needs;

b. the discussion between the assistant director of nursing education and the supervisors, of problems relating to students.

c. the notification of the department of nursing education regarding any matters related to the students' contribution to nursing service;

d. the referral of any matters concerning the school program to either the director of nursing education or the assistant;

e. the interpretation by the department of nursing education of student service hours for all budget periods, including the submission of an annual review to the director of nursing service.

5. The major responsibility for the maintenance of standards of patient care now belongs to the Department of Nursing Service. However, due to the fact that the students' education depends in such large measure on the quality of care being offered to patients, the Department of Nursing Education must continue to be concerned and involved in determining staffing patterns. It appears that standards of care have been maintained.

C. *Relationships with the Student Group:*

1. The morale of the students appears to have been maintained at a consistent level.

2. The reduced percentage of withdrawals during the year would seem to indicate that students have continuing confidence in the program.

3. The director of the residence has authority, under the new structure, to direct student affairs in the residence more effectively because of closer working relationships with the entire program.

4. The director of nursing education is more readily accessible to students for consultation.

D. *Relationships with the Hospital Administration:*

1. Regular meetings have facilitated the work of the department of nursing education by providing for more direct communication with the administrator.

2. Requests for improvement of educational facilities have been acted upon with less delay.

3. Attendance by the director of nursing education at meetings of department directors has proved very beneficial to the department.

4. Effects on the educational program of changes in nursing service require more clarification. As long as students give nursing service in exchange for education, their experiences in the hospital are inevitably affected by any change in the organization of nursing service.

5. Allocations for personnel and equipment have been satisfactory, although the establishment of a budget for educational costs has been complicated and difficult.

6. Freedom to make necessary revisions in the school program has been appreciated by the department of nursing education.

7. Participation by the director of nursing education in meetings involving discussion of problems related to nursing service has been found to be imperative for effective development of the school program.

E. *Relationships with the Board of Directors:*

1. Interpretation of the change in structure and the function of the department of nursing education must be made periodically. Increased understanding by the Board of its responsibility for this department is desirable.

2. The interest and cooperation of the Board has been appreciated. Specific matters brought to its attention have included:

a. the 44-hour week for nursing students;

b. the inadvisability of increased student enrolment;

c. the maintenance of a budget which has helped to safeguard the student program.

3. Operation of the department of nursing education would be facilitated by provision for regular meetings with the board of directors.

4. The formation of a school of nursing committee, advisory to the Board, would assist in the development of the program of the school of nursing.

F. *Relationships with the Medical Staff:*

1. More interpretation to doctors regarding the change in structure is necessary to retain their confidence in and understanding of the function of the department of nursing education.

2. Doctors' observations of nursing problems involving the students should be discussed with personnel in the department of nursing education.

3. Cooperation from the doctors in the teaching program has continued.

Administration's Evaluation of the Department of Nursing Service:

The director and the assistant director of nursing service reviewed the operation of the two departments. Their acceptance of positions in this new organizational plan had been based on their confidence and faith in the previous structure established by Miss Hall. They felt that if the first year of the program had been successful it was "the result of her vision and planning." Each of them commented that they, "had had more time to spend in their department and therefore were more able to carry the responsibility of the department."

Regarding relationships between the two departments they observed that: closer communications have been maintained between the two departments resulting in a clearer understanding of the problems affecting both areas; difficulties have been more easily solved; each director has had the privilege of administering the budget for her own department.

They reported that no major problems had been encountered. There was some lack of understanding of the new structure by members of the medical staff who occasionally discussed with the director of nursing service problems that should have been referred to the director of nursing education.

Evaluation by the Faculty:

The persons considered to have the best opportunity to observe any change in the relationships with nursing service personnel were those members of the faculty whose primary area of teaching responsibility involved direct care to patients. Therefore, the teachers were asked to answer, anonymously, a questionnaire concerning relationships between the two departments:

a. Has there been any change in the head nurse's attitude regarding the students' program?

b. Has the cooperation from nursing service regarding students' assignment to patient care been maintained?

c. Has there been any increase in non-nursing assignments to students?

d. Has the cooperation from nursing service regarding students' attendance at clinics been maintained?

e. Have service personnel continued to refer matters regarding students to the teacher?

The teachers appeared unanimous in their observations that no changes had taken place in the attitudes of the head nurses toward the students' program. The head nurses had continued to "cooperate well in assessing the needs of the students for experience;" were "less reluctant in allowing students time for classes;" and were "most helpful in reinforcing teaching and in giving orientation." One teacher commented that the head nurse "needed further explanation of the concurrent teaching program in her area in order to better understand her own role."

Cooperation in assignments of patient care was being maintained. The students' learning needs continued to be given consideration by the nursing service staff. Only two teachers mentioned that more understanding of students' needs was required to avoid giving tasks beyond the students' capabilities.

No increase of non-nursing duties had been noted in the students' assignments. The service staff had continued to cooperate in providing opportunity for students to attend clinical instruction periods. There were some instances, apparently, where team leaders had assigned duties to the students that had conflicted with clinic time. One teacher recommended that "the director or the assistant director give more explanation to the head nurses regarding the changes in the program and thereby reduce dissatisfaction with these changes." On the whole, matters regarding the students were still being referred to the teachers. There were a few exceptions, however, in which "the head nurse made decisions that should have been referred to me."

Did the teachers consider it desirable to have a separate department in an organizational structure for a large school of nursing? Their opinions were sought as to their own

personal approval of the general reorganization. All answered in the affirmative, except one, who stated "Yes *and* No."

Additional comments included:

success was dependent on good communications;

success was dependent on the ability of the two directors to work together;

the school of nursing has more status and could work toward a more educationally sound program;

decision-making is more objective as undivided attention can be given in each department;

less feeling of competition between the service personnel and education personnel;

better utilization of personnel and better economy of time;

it is a more democratic organization;

the director of nursing education and the assistant have a more intimate knowledge of all areas of the program;

a desirable step toward the independent school.

Two teachers questioned the maintenance of unity if communications between the departments became inadequate on any issue. One teacher commented that "administration must have a thorough and mutual understanding of each other's responsibilities and a respect for the powers assigned to each."

CONCLUSION

The impression gained from these evaluations is that the first year of operation of the reorganized department of nursing has been generally satisfactory. However, many aspects still require refinement and further development to ensure sympathetic understanding and continual awareness of the interdependence of the two departments. Only in this way can each department effectively achieve its purpose. Communications between all personnel involved require frequent evaluation. Interpretation of the change in structure must continue to be given to all new persons or groups. Establishing a separate budget for each department is proving difficult but it is necessary if the educational costs of the school are to be determined.

Personnel in both departments must retain a concern for, and an active interest in, the standards of both if the influence on each other is to be desirable. The two directors must continue to strengthen their roles to replace the traditional image of one director of nursing.

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Dial-A-Dietitian

Local dietitians are offering a unique public service to residents of Metropolitan Toronto. Answers to questions on foods and normal nutrition are as available as the nearest telephone.

The project, first of its kind in Canada, is sponsored by the Ontario Dietetic Association. "Volunteer" professional members of the Association answer calls under the pseudonym "Diana Day." More than 80 professional dietitians take their turns answering questions and enquiries.

For further information, contact: Mrs. Ann Bodley, The Ontario Dietetic Association, c/o Milk Foundation of Toronto, 40 Park Road North, Toronto 5.

* * *

Man is not the creature of circumstances. Circumstances are the creatures of men.

— BENJAMIN DISRAELI

* * *

Each one thinks that the current in which he lives is the whole ocean.

— EDWARD CARPENTER

THE WORLD OF NURSING

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION,
74 STANLEY AVENUE, OTTAWA

See You in St. John's

Well, it is here! The month of months! Mountains of preparation have come to an end and we are ready. We hope you are ready too!

We in National Office wish you Bon Voyage and look forward to seeing you June 14th. Remember the warm clothing — it can be cool in St. John's in June.

Nursing Degree to be Offered at Memorial University

It has been announced by Provincial Health Minister, DR. JAMES MCGRATH, that a degree in nursing is to be offered at the Memorial University of Newfoundland starting in the next academic year. Study is now under way for the set-up for the proposed course. Dr. McGrath also announced that the government and the university are giving considerable study to the possibility of setting up a medical school in Newfoundland.

CNA Retirement Plan

The Royal Trust Company's 18th Quarterly Stewardship Report shows that (as of February 29, 1964) the unit value of Plan A is $14.08 and Plan B $13.37. This is encouraging news. When the plan came into existence, the unit value in both Plan A and Plan B was $10.00.

Health Films

The Canadian Film Institute, 1762 Carling Ave., Ottawa 13, advises that the following films are available on a service charge basis from them:

Auditory Screen for Infants

15 minutes. In color. Produced by the Bureau of Preventive Medicine, Maryland State Department of Health. The auditory screening of infants 8 to 10 months old by a method known as the distraction technique is demonstrated. This test may also reveal other developmental abnormalities. By detecting abnormalities early in life, a child may be given the best opportunities, through proper training, to develop language and speech at the optimum age. Recommended for physicians, public health nurses, student nurses, medical students and other personnel concerned with child development.

Cry for Help

33 minutes. In black and white. Produced by Louisiana Association for Mental Health in cooperation with the United States Public Health Service.

This film presents some of the major causes of suicide and the problems of handling. This is an excellent training film for police officers and lay enforcement agencies, physicians, nurses, psychologists and social workers. Should be used with discretion among lay groups who might be offended by realism.

Meals for Everyone

27 minutes. In black and white. Produced by the University of California. One of the "Homemaker's Notebook Series" this film stresses nutritional requirements for various

age groups and activities. It discusses the four food groups. Although not a dynamic film, it is beamed at the homemaker and shows how one basic menu can be adapted to all age groups including the pre-schooler. Use of this film in Canada requires discussion of the Canadian food groups.

Nutritional Needs Of Our Bodies

11 minutes. In color. Produced by Coronet Instructional Films. Using photomicrography, laboratory animals, and animation, this film shows how food provides the body's basic needs. It discusses the American four general food groups, the nutrients they contain, and what the nutrients supply to the body. The importance of a well-balanced diet to a strong body and good health is stressed.

International Council of Nurses

"Communication or Conflict" will be the theme for the 13th Quadrennial Congress of the ICN in June, 1965, to be held in Frankfurt am Main, Federal Republic of Germany. Under this theme eight sub-topics covering all fields of nursing interest will be discussed. The consultant and keynote speaker will be MAGDA KELBER, social economist, writer, teacher, and until recently, director of Haus Schwalbach Leadership Training Centre, Wiesbaden.

Simultaneous translations in English, German, French and Spanish, will be arranged for plenary sessions and several language groups will be planned for discussions of the eight topics under the main theme.

Registration forms and the preliminary Congress programs are available from the Canadian Nurses' Association, 74 Stanley Avenue, Ottawa 2, Canada.

Old Internationals' Association

A summer school sponsored by the Old Internationals' Association of Florence Nightingale Scholars & Fellows of the Florence Nightingale International Foundation will be held at the University of Edinburgh August 5 to 14, 1964. The theme of the ten-day session will be "International Nursing — An Influence for World Peace" and will include such speakers as:

Professor J. H. F. Brotherston, Chief Medical Officer for Scotland; Miss Violet Welton, Secretary, The Wyndham Place Trust; Dr. Margaret Gilmore, Lecturer, Nursing Studies Unit, University of Edinburgh; Dr. Margaret Adams, Head Mistress, Croydon High School 1939-1960; Miss Helen Nussbaum, General Secretary, International Council of Nurses; Miss N. B. Deane, president, National Council of Women of Great Britain; Professor L. Banks, Professor of Human Ecology, University of Cambridge; Miss B. M. Fawkes, Education Officer, General Nursing Council for England and Wales; Miss K. J. W. Wilson, Lecturer, Nursing Studies Unit, University of Edinburgh.

Application forms are available from Miss L. J. Ottley, Hon. Secretary, 48 Wilbury Road, Hove, Sussex, England.

On Planning a Conference

Amen to the following editorial in the March 13 issue of *Nursing Mirror:*

Five important conferences have taken place recently and have been reported in *Nursing Mirror*. Virtually all of them have inspired the same comment from the *N.M.* observers who attended them — too many speakers, too much to discuss — result, confusion.

One conference we reported recently, for instance, was titled "The Whole Truth" and two days were allotted to this vast concept. Speaker after speaker gave able talks which, in themselves, could have been developed and discussed for most of the conference period with greater effect.

There is nothing more irritating than to see one important theme after another bite the dust because time is getting on and there is another speaker to be heard before lunch and he's going to raise another three important points at least but you are not going to have time to exploit these either.

It is easy to criticise, of course, and anything but easy to arrange a conference. On the other hand, there is little point in involving so many people in so much expenditure of both time and money if nothing is achieved. Certainly, a conference is doomed to failure if it is too heavily staffed with speakers, whose talks cover too wide a field. The most excellent chairman cannot overcome this basic fault in planning and the audience is doomed to be dazed, or alternatively, subjected to a severe attack of mental indigestion.

The time spent on a conference must bear close relation to the scope of the subject. "Whither psychiatry?" or whither anything, for that matter, can hardly be compressed adequately into a day or so. Better to discuss a specific line of thought for long enough to emerge with some definite conclusions than to try to eat a very large cake at one sitting. Better to have two speakers, each contributing on various aspects of the same subject, than four, each discussing an entirely different theme.

It is tempting, when you have assembled several hundred people under one roof, to "hurl the book" at them . . . tempting, but profitless."

The Press Says

Japan has more than 121,000 nurses and another 80,500 assistant nurses who are trained in some 560 preparatory and 250 high schools.

From *The Toronto Telegram*

Coming Events

June 16-18

Canadian Dietetic Association, annual meeting, Nova Scotia Hotel, Halifax.

June 22-25

Catholic Hospital Association of Canada and the USA, New York-Hilton, New York.

June 22-28

Canadian Tuberculosis Association, Canadian Thoracic Society annual meeting, Saint John, N.B., and Charlottetown, P.E.I.

June 28-30

Atlantic Conference of the Catholic Hospital Association, annual meeting, Charlottetown, P.E.I.

Sept. 9-12

Western Canada Hospital Institute, The Vancouver and Georgia Hotels, Vancouver.

Sept. 11-12

B.C. Hospitals' Association, meeting concurrently with Western Canada Institute, Vancouver.

October 6-8

Associated Hospitals of Manitoba, annual meeting, Royal Alexandra Hotel, Winnipeg.

October 12-13

Catholic Hospital Conference of Saskatchewan, annual meeting, Cavalier Motor Hotel, Saskatoon.

October 14-16

Saskatchewan Hospital Association, Bessborough Hotel, Saskatoon.

October 21-23

Associated Hospitals of Alberta, Southern Alberta Jubilee Auditorium, Calgary.

October 26-28

Ontario Hospital Association, annual convention, Royal York Hotel, Toronto.

October 28-30

Association of nurses of the Province of Quebec, annual meeting, Sheraton Mount Royal Hotel, Montreal.

October 29-30

Ontario Conference of the Catholic Hospital Association, annual meeting, King Edward Hotel, Toronto.

A New Dress for the Journal

In January, 1965 *The Canadian Nurse* will begin its 61st year of publication. Ten years ago, March 1955, a special edition was prepared celebrating the golden anniversary. Since it requires a considerable amount of advance planning to provide a special of that nature, the Journal Board has given careful attention to several suggestions. The result of this thinking is being announced at the biennial convention. So that the many thousands who are unable to go to St. John's may also have this advance information, the initial announcement is made here as well for their benefit.

Beginning with the January, 1965 issue, both of the editions, English and French, will appear in a completely new format. The page size will be expanded from the present 6¼" x 9¼" to 8¼" x 11" with a three-column editorial page. We want to have a different cover and would welcome suggested designs from any of our readers. Perhaps we should offer a prize for the cover pattern that is finally selected by the Journal Board! Send your suggestions to us before the end of September this year.

Nursing Profiles

Earlier this year **Elizabeth (Bewis) McCue** was appointed psychiatric nursing consultant with the Department of National Health and Welfare on the staff of the Mental Health Division. With some 75,000

(Nat. Health & Welfare, Ottawa)

ELIZABETH MCCUE

psychiatric patients under institutional care, this branch of nursing is becoming increasingly more important and more complex. With Mrs. McCue's assistance, the Department plans to strengthen present nursing services and programs within this specialty. Specifically, Mrs. McCue will assist the provinces in the development and coordination of psychiatric nursing programs in mental hospitals, clinics, psychiatric units in general hospitals, and in other facilities such as those for retarded individuals.

A native of Nova Scotia, Mrs. McCue graduated from Mount Sinai Hospital, New York and later secured her Bachelor of Science in Nursing and her M.A. in nursing administration from Columbia University. She obtained considerable psychiatric experience in various American institutions and in 1945 was appointed director of nursing at the New Jersey State Hospital, Trenton, N.J.

The Manitoba Association of Registered Nurses announced the appointment of **K. June (Cowan) Goodhind** as executive secretary, earlier this year. She replaced **Lillian Pettigrew** who resigned to join the staff of National Office. Mrs. Goodhind has been a staff member of the MARN since July 1963 when she took up the duties of educational secretary.

Born in Saskatchewan, she is a graduate of Moose Jaw General Hospital and holds a diploma in teaching and supervision from the University of Manitoba. She was associate director of nursing education, Regina General Hospital for several years, and served on the board of administration, Centralized Teaching Program for Saskatchewan, first as a member, then as chairman.

K. JUNE GOODHIND

The new organizational pattern for the institutions operated by the Hamilton Civic Hospitals, a corporation created by an Act of the Ontario legislature in 1962, has produced changes in staffing and administrative arrangements. The Hamilton General Hospital retains its name, but the Nora-Frances Henderson and Mount Hamilton Hospitals have been merged under the new

name, Henderson General Hospital.

The director of nursing of Hamilton General Hospital is **Merle E. Smith**, a graduate of H.G.H. in 1943. Miss Smith

MERLE E. SMITH

received her Bachelor of Nursing from McGill University and in 1963 completed

MARGARET CHARTERS

requirements for her Master of Science from Boston University School of Nursing. She was the recipient of the Agnes Neill Memorial Award in 1963. For several years she was a member of the supervisory staff of the Royal Victoria Hospital, Montreal. Miss Smith replaces **Ada Squires** who recently retired from active nursing.

Margaret R. Charters, a 1954 graduate of H.G.H., received her diploma in nursing education from University of Western Ontario in 1956 and completed requirements for her B.Sc.N. from the same institution in 1962. A former member of the nursing administration staff, H.G.H., she was appointed assistant director, nursing service

(Beckett)

EVELYNE GAYFER

late in 1963. Miss Charters succeeds **Evelyne M. Gayfer** who has been appointed coordinator of inservice education. Miss Gayfer is a graduate of the Hamilton General and received her diploma in administration, teaching and supervision from the University of Toronto. **Margaret Morgan** continues in her present position of assistant director, nursing education.

At the Henderson General Hospital, **Elizabeth Ferguson**, former superintendent of Mount Hamilton Hospital, took up her new duties as director of nursing in January 1964. Miss Ferguson received her diploma in nursing education from the University of Toronto and has been on the staff of Hamilton General or Mount Hamilton continuously since her graduation.

ELIZABETH FERGUSON

Bernice McMullin, the former superintendent of Nora-Frances Henderson Hospital, has been appointed associate director of nursing, Henderson General. She holds her diploma in nursing service administration from the University of Toronto.

BERNICE MCMULLIN

Late last fall Queen Mary Veterans' Hospital of Montreal welcomed a new director of nursing — **Virginia Rivard.** Montreal-born, she is a graduate of Notre Dame Hospital, Montreal and holds her degree in nursing administration from McGill University. In addition, Miss Rivard has had special preparation in group dynamics, educational psychology and personnel work.

Her past experience has been extremely varied and includes private nursing, general duty, ward administration, supervision, industrial nursing, public education — the latter as educational director for the Quebec Branch, Canadian Cancer Society. For several years she was on the staff of the Allan Memorial Institute of Psychiatry, Montreal, first as staff nurse then as head nurse. More recently, 1959-62, she assisted with the expansion of the neurosurgical unit, Notre Dame Hospital. This year Miss Rivard was appointed as the French representative of Quebec for the Canadian Nurses' Foundation. In this capacity she will assist with the promotion of membership in the Foundation as well as other aspects of its activity.

Her interests outside nursing are as widely diversified as her professional experience. Music and art, sewing and needlework,

(Notman & Son, Montreal)

VIRGINIA RIVARD

housekeeping and sports counteract the stresses and strains of hospital duties. Miss Rivard has brought to her new position a rich fund of experience and professional ability.

In January of this year **Sister Ann Ell** was appointed superior and administrator of St. Paul's Hospital, Saskatoon. A native of Saskatchewan, Sister is a graduate of St. Boniface General Hospital, Manitoba. She received special preparation in ward ad-

ministration at the University of Manitoba and later studied psychology and logic at The Catholic University of America, Washington, D.C. In addition, she completed the two-year extension course in hospital organization and management offered under the auspices of the Canadian Hospital Association.

SISTER ANN ELL

Sister is the former superior and administrator of St. Boniface Sanatorium, St. Vital, Manitoba. She spent several years as obstetrical supervisor in St. Boniface General Hospital, later succeeding to the position of administrative assistant in the emergency and outpatient department. A nominee of the American College of Hospital Administrators since 1961, she was secretary of the Catholic Hospital Conference of Manitoba, 1955-57, and president, 1959-61. One of her special interests has been the care of the mentally handicapped. She is an active member of the Association for Retarded Children in Manitoba and an associate member of the American Association on Mental Deficiency.

The Queen Elizabeth Hospital of Toronto recently announced the appointment of **Betty Louise Sellers** as director of nursing. A graduate of Regina General Hospital, Miss Sellers received her B.S.N. from the University of Saskatchewan in 1960. She was appointed director of nursing service, University Hospital, Saskatoon, in that same year, leaving this post to accept her present one.

Miss Sellers served University Hospital in a variety of positions prior to her final year of study in 1959-60: supervisor, Central Supply Service; supervisor of the operating room; assistant director of nursing service.

BETTY SELLERS

NAME IN THE NEWS

Rahno M. Beamish, director of nursing, Kitchener-Waterloo Hospital, Kitchener, Ont. has been named woman of the year by a professional women's service organization in that city. She received a similar honor from the City of Sarnia in 1953. Miss Beamish is a graduate of Toronto Western Hospital.

Val Cloarec, a graduate of Holy Cross Hospital, Calgary has been appointed public health nursing consultant in rehabilitation to the Division of Public Health Nursing, Saskatchewan . . . . **Sister Madeleine of Jesus** former director of nursing, University of Ottawa, has come out of retirement to assume the duties of assistant director of nursing education, St. Joseph's Hospital School of Nursing, Lowell, Mass. . . . **Sister Sainte Rose** of St. Joseph's Hospital, Sudbury, a registered nurse and pharmacist, has been awarded a Fellowship from the American College of Apothecaries, the first Canadian nun to be so honored. . . . **Helen A. Oxman**, graduate of St. Paul's Hospital, Saskatoon, was appointed regional nursing supervisor for the Humboldt-Wadena Health Regions, Saskatchewan earlier this year . . . . **Mary Christie**, director of nursing, Verdun Protestant Hospital, Que. received a long service award earlier this year from the hospital's Board of Management. Mrs. Christie has been on the staff of the hos-

pital for 15 years. The awards were established as a means of recognizing devoted service and of directing the attention of the public to the service and care provided by workers in the field of mental illness.... **Victoire Audet**, operating room supervisor, Notre Dame de l'Espérance Hospital, Montreal, has collaborated in the production of the first North American film in the French language for use in nursing education. The film "Positioning the Patient for Surgery" was sponsored by Cyanamid of Canada Limited. Miss Audet was responsible for the script. The film, in either French or English, is available from Cyanamid of Canada's medical film library.... **Margaret Keogh**, presently on the staff of Ottawa's City Health Centres, spent two very interesting years as a volunteer worker in Dominica, the most northerly of the Windward Islands. Her job — to assist in the establishment of a hospital to care for young children suffering from malnutrition, and a day nursery.... The NBARN has announced the winners of the first scholarships to be awarded by the Association: **Barbara Shanks**, second year student, U.N.B. School of Nursing, Muriel Archibald Scholarship; **Marcelle Rodrique**, third year student, U.N.B. School of Nursing, NBARN scholarship. The scholarships, which are awarded annually, are for $1000.

In Memoriam

Edith R. (Simpson) Astle (Miramichi Hospital, Newcastle, N. B.) died early last year.

* * *

Doris E. (Kerr) Billett (Regina General Hospital '26) died in Regina late in November 1963.

* * *

Thelma Marjorie Bottomley (Royal Infirmary, Cheshire, Eng. '53) died early in 1963. She was a former staff member with Indian and Northern Health Services (now Medical Services Directorate) and was employed at Fort Chipewan, Alta. for over a year.

* * *

Aubra Kathleen Cleaver (Toronto General Hospital '23) died in November 1963.

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Mary Irene Corrigan (St. Michael's Hospital, Toronto '18) died in Toronto late in 1963.

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Dorothy Ann (Saunders) French (Toronto Western Hospital '49) died early in December 1963.

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Mildred (Nixon) Harper (St. Luke's General Hospital, Ottawa) died on November 26, 1963.

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Libby Garfield MacKay (Newport Hospital, R. I. '10) died in New Glasgow, N. S. late in November 1963. A graduate from Acadia University, Wolfville, N. S. in library science, Miss MacKay worked as a librarian in Baddeck, N. S. for many years. Her nursing experience prior to this was varied. She served overseas during World War I with the American Army; spent a year in Roumania with the French Military Mission and worked for a number of years in France, one year of which was spent with the Rockefeller Commission.

* * *

Eva (MacMartin) MacMillan (Kingston General Hospital '24) died late in October 1963 in Finch, Ont.

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Margarita (Reed) Moore (University of Alberta Hospital, Edmonton '29) died in Vancouver in 1963. For a number of years she was assistant supervisor of the obstetrical department of her hospital and in 1936 she was one of the first Canadian nurses to go abroad under the CNA exchange program.

* * *

Betty Enid (Ogilvie) Peterson (Royal Alexandra Hospital, Edmonton '57) died recently. She had served on the staff of her home hospital for several years and later joined the staff of University Hospital, Edmonton, for a short time before moving to Bonanza, Alta. where she worked as a municipal nurse.

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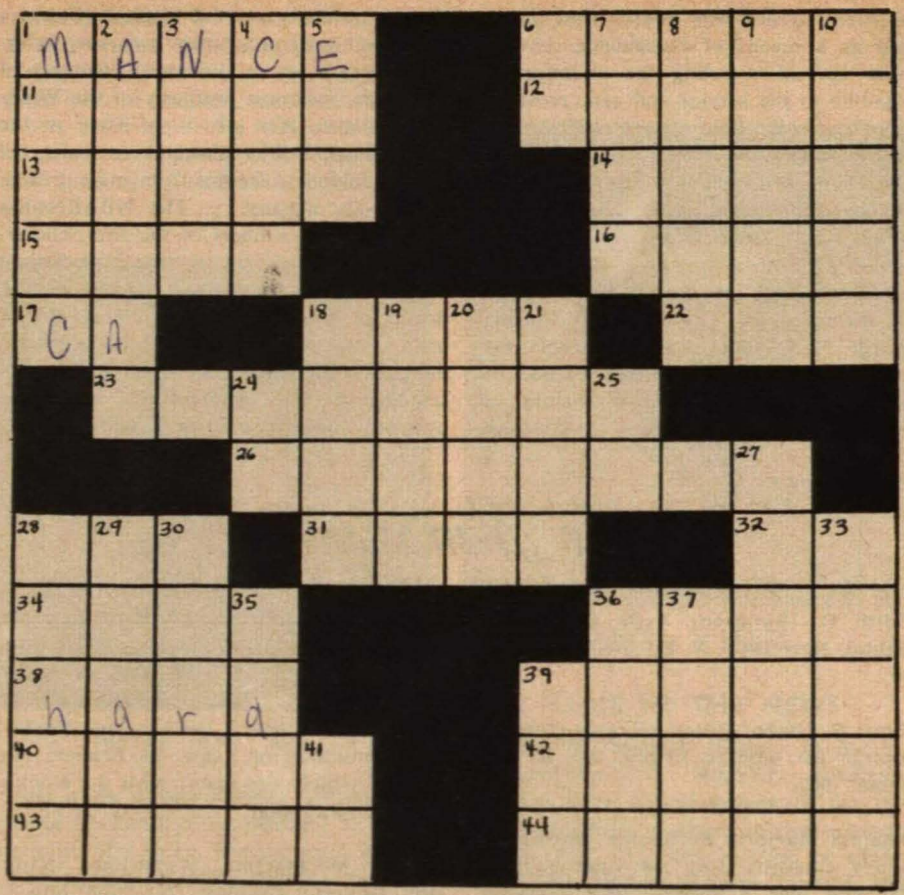
Katherine Edna Ryan (Ottawa General Hospital '21) died late in 1963.

* * *

Sister St. Fergus (Margaret Sullivan) (St. Joseph's Hospital, Peterborough '23) died in October 1963.



Across

1. Founder of Hôtel Dieu Hospital of Montreal
6. Pertaining to blood or blood vessels
11. Old-womanish; infirm
12. Organic compound containing nitrogen
13. A ———————— discharge
14. Pl. of Ilium
15. In the same place (Latin)
16. An immeasurably long period of time
17. Calcium (symbol)
18. A region without woods
22. Society of Neurological Surgeons (abbrev.)
23. Scaly or plate-like
26. One method of treating bone fractures
28. A gonadotropic hormone (abbrev.)
31. A dressing ————————
32. A neuter pronoun
34. Pertaining to the ear
36. To intertwine
38. A difficult thing to do
39. Minute orifices, as of a sweat gland
40. First five letters of word meaning a ridge of mountains with irregular outline
42. Tactlessly frank
43. Loop-like structures (Latin)
44. Egyptian dancing girls

Down

1. Pertaining to a disordered mental state
2. Perch-like fish found in Asia and Africa
3. Unless; if not (Latin)
4. Clothed
5. Snake-like fish
6. Exclamation of satisfaction
7. Suffix of word denoting blood condition
8. Distance a nurse walks daily
9. A negative ion
10. Relies on for support
18. Elevated lesion of the skin
19. First name of Persian poet and astronomer
20. A place, locality (plural)
21. A moral obligation
24. Utah (abbrev.)
25. Yes (Spanish)
27. Pertaining to Nicaea; ancient city of Asia Minor
28. A pit or depression
29. Substance used in microscopic studies to help identify tissues or cells
30. Urticaria
33. Examinations to determine existence of certain conditions
35. Wax.
36. To droop
37. A plant family name
39. Public Buildings Administration (abbrev.)
41. Concerning (abbrev.)

The solution to this puzzle will be in the July 1964 issue.

About Books

A Handbook for Occupational Health Nurses by Marion M. West, S.R.N., S.C.M. 180 pages. Edward Arnold Ltd., London. Ed. 3. 1962.

Reviewed by Miss Margaret Wheeler. Province of Quebec Dept. of Health, 1570 St. Hubert St., Montreal.

As indicated, "This is a completely rewritten edition of the author's *Handbook for Industrial Nurses*. The amended title indicates a change of emphasis in recent years. Occupational health nursing now serves people at work, not only in the narrow sense of industry but in commerce and all public services."

This book obviously describes and discusses occupational health nursing in Great Britain. Legislation referred to, rules and regulations quoted, are essentially British, but the principles are fundamental and universally applicable.

As stated by the author, "This handbook is to be a source of reference as well as of direct information." It does indeed contain a wealth of information and is a source of reference for every aspect of occupational health nursing as practised today. It is authoritative, didactic, stimulating and practical. Every chapter is written in a sound, straight forward, categorical and practical manner.

The opening pages give a graphic, sweeping glimpse of the appalling demands of employers and the utter lack of health care for employees during earlier centuries through to the recognition of the need for concern for the health and well-being of workers. We are then quickly brought to the time when emphasis was placed on the health of the worker in wartime and the impact this has had on the development of occupational health to the present day.

Though specifically British, the sections on legislation indicate the need for us to be familiar with comparable legislation in our own areas.

Some terminology requires clarification for North American readers. Instead of "ambulance room" or "health department," we generally prefer "health service" or "health centre." Though I agree with the author's reasoning in respect to the use of "health department," this term according to our usage usually refers to official agencies such as city or provincial health departments. The "state enrolled nurse" is the worker we know as the nursing assistant or auxiliary nursing worker.

The author's reference to the danger of emphasis on technical skills is to be commended for serious, thoughtful study by all nurses. To the stated personal qualifications of the occupational nurse I would add "good health" and "a real liking for people." These are axiomatic but I believe they should be stated.

Those responsible for building new departments or renovating old ones will find the text most helpful. The chapter on the "Administration of the Health Department" is an invaluable guide for the new nurse and an excellent measuring rod for those who have been in the field for some time. A forthright, descriptive section on records and reports is accompanied by useful illustrations. I heartily endorse the author's criticism of too elaborate records. I believe her statement regarding the value of records could be made even more positive by adding "increased productivity through improved efficiency." The discussion concerning the "Custody of Health Records" is most important and worthwhile.

Many parts of this book require the reader to be mindful of varying kinds of legislation in different geographic regions. This is particularly so with respect to "Treatment Given by the Nurse." I regret that the author did not include the contribution the nurse can make regarding automation and employee retirement because these two factors greatly influence the life of the modern worker.

Any occupational health nurse would find this book an invaluable possession. It should be in every occupational health centre and should be read, also, by management and the doctors.

The Sloane Hospital Chronicle by Harold Speert, M.D. 260 pages F. A. Davis Company, Philadelphia. 1963.

This is a history of the Department of Obstetrics and Gynecology of the Columbia-Presbyterian Medical Center. Its use would be limited outside the U.S.A.

Special Education in Canada by Samuel R. Laycock, Ph.D. 187 pages. Toronto: W. J. Gage Limited, 1963.

The lectures compiled in this text were prepared by the author as part of the Quance Lecture Series, University of Saskatchewan, honoring Dr. F. M. Quance, formerly Dean of Education. Dr. Laycock, a distinguished Canadian psychologist, educationist, scholar and writer, discusses the current status of education for the *exceptional* children of this country. Although a standard term in education, the designation "exceptional" is worthwhile considering briefly in relation to the positive values that it implies. This is the child who, for one reason or another — physical, mental, social or emotional — requires special educational services. He may be a highly gifted child but he can equally well be the mentally retarded, the delinquent or multi-handicapped child. Most important, he is an individual with a certain potential to be developed and who, in spite of his differences, shares common characteristics with all other children. The term "exceptional," it seems to me, puts the emphasis where it should be — on the child's potential rather than his handicap.

The problems faced by the parents of these exceptional children are familiar. Articles in magazines, biographies, T.V. programs and personal experiences have made the difficulties faced by the blind, the aphasic, the crippled, the retarded, and so forth a poignant part of human existence. How well does Canada look after her exceptional children? Since education is a provincial matter, there are wide discrepancies from one province to another; from one area to another. Where the child lives — urban or rural location — is an important factor in the services available to him. This surely has certain implications: The need to win public and governmental support in regard to services for the exceptional; the need to effect a change in public attitude towards certain types of exceptional children, for example the emotionally disturbed, the delinquent; the need to win the cooperation and sympathetic understanding of school systems and boards of education. Only when the demand becomes sufficiently urgent will the necessary steps be taken to provide services.

The author is optimistic in his over-all view of education for the exceptional. He feels that we are "coming of age" in our approach to this aspect in national life. School boards and administrators are showing an increasing tendency to adopt the philosophy that *all* children have the right to the education necessary to achieve their potential. This, in itself, is not enough, however. It requires teamwork of an extensive nature between those in the educational field, in nursing, in medical and paramedical services, social and welfare services. Obviously there is something for everyone in the information assembled by Dr. Laycock. This text has considerable value for the nurse, as a professional or a parent. I feel that it would have significance at senior student level as well in helping the coming graduate to appreciate the extent of her responsibilities towards society.

Nutrition in Health and Disease by Cooper, Barber *et al.* 615 pages. J. B. Lippincott Co., Montreal. Ed. 14. 1963.

In this text, the principles of nutrition are discussed along with their application in health and disease. The authors state "the text is intended to meet the needs of nurses and of college students in nutrition and dietetics who requires basic knowledge of the subject."

The contents are divided into four sections. Part one concerns the *principles of nutrition;* part two deals with *diet in disease;* part three discusses *modification of food for therapeutic diets;* part four contains *tabular material and bibliography*. Various chapters have been revised or rewritten to bring the reader more inclusive, up-to-date material. The material is well-organized and comprehensive. Diagrams and charts used throughout the text are excellent.

It is unfortunate, from the Canadian nurse's point of view, that information concerning *Canadian* agencies engaged in or sponsoring nutrition research is lacking; that charts and maps relate specifically to the U.S.A. The authors state in the preface that an *Overseas Supplement* accompanies all copies of the text sent outside of North America. While it is true that Canada's Food Guide, eating habits, etc. are similar to those of the U.S.A., it would seem logical that certain information specific to Canada be included in the book itself since this text is, I believe, a favorite in Canadian schools of nursing.

I would recommend this text as a suitable reference text for Canadian schools of nursing.

Goodnow's History of Nursing by Josephine A. Dolan, R.N., M.S. 360 pages. W. B.

Saunders Company, Philadelphia. Ed. 11. 1963.

The author's objective is to help the reader achieve a better understanding of the social sciences, art and literature, and how these are related to the development of nursing.

This edition contains a new chapter concerning 18th century development. Other chapters have been completely revised and include the history of the medical and biological sciences. Many new illustrations have been added.

Excerpts from letters, poems, and other books are seen in abundance and help to stimulate the reader's interest. The "Aids to Enrich an Understanding of This Period" section at the end of each chapter should be of value to the instructor who wishes to make history of nursing meaningful for her students.

Although the last few chapters are mainly concerned with history and trends in the U.S.A., this text will no doubt continue to be a favorite in Canadian schools of nursing.

History and Modern Nursing by Lena Dixon Dietz. 365 pages. F. A. Davis Co., Philadelphia. 1963.

The stated purpose of this book is "to study historically the stream of influence on nursing that has flowed from ancient times to the present." Evolution and growth of nursing are the dominant themes throughout. Although the contents are directed primarily to the American nurse, certain chapters concerning the intertwined history of medicine and nursing would make interesting reading for any nurse irrespective of her country.

The inclusion of material such as "The Nightingale Pledge," seems superfluous. It would seem more appropriate, in this instance, to include the International Code of Nursing Ethics. In unit five, "Professional Relationships," a variety of topics are discussed, e.g. legal problems, public relations, insurance and savings plans for nurses, etc. It is questionable how helpful this section would be to the nursing student — to whom it is directed — since the author's treatment of most of the material is very superficial.

I found the chapter concerning the contribution of nurses during the two world wars interesting and inspiring. Few nursing history books include such a detailed and vivid picture of this wartime role. The author has also outlined the difficulties encountered by the military nurses in the U.S.A. to obtain permanent commissioned rank. A footnote states that Canada was the first country in all history to give military rank to nurses. This progressive move is certainly in striking contrast to the present-day attitude of federal authorities in Canada who stubbornly refuse to commission male registered nurses as nurses in the Armed Forces.

Doctors' Offices in Hospital-Financed Buildings. 81 pages. The Foundation for Management Research, Chicago, Ill. Ed. 4. 1963.

This is a study of hospital expansion into commercial enterprise, and of the effects upon physicians, patients, and private business.

Selection of Student Nurses by H. L. Millott, S.R.N., B.A. 24 pages. National Nursing Education Division of the R.A. N.F., Australia. 1963.

This publication is a review of some of the studies related to the selection of students for the various courses in nursing. It is well documented and should be of particular interest to those who are responsible for selecting and educating student nurses.

Communication for Nurses by Florence K. Lockerby, A.B., M.A. 207 pages. The C. V. Mosby Company, Saint Louis. Ed. 2. 1963.

The purpose of this book is to stimulate nursing students to develop communication skills. Because of the author's lively and enthusiastic style, it should do just that.

Nurses Guide to Surgery by Peter Childs, M.A., D.M., M.Ch., F.R.C.S. 321 pages. John Wright & Sons Ltd., Bristol. 1962.

The purpose of this fat pocketbook is to give the student nurse an understanding of surgery, the principles of surgical treatment, and of the diseases which a surgeon treats. Nursing care is not included.

Junior Science Dictionary by G. E. Caraker, B.Sc., M.A., M.R.I. 99 pages. Butterworth & Co. (Canada) Ltd., Toronto. 1963.

This dictionary is presented to meet the needs of junior and senior high school students. It would be an excellent little reference book for anyone whose work requires use of scientific terminology.

Psychiatric Content in the Nursing Curriculum by Betty L. Pesznecker and Helon E. Hewitt. 134 pages. University of Washington Press, Seattle. 1963.

This is a report of the approach of the

faculty of the University of Washington School of Nursing to the problems and questions surrounding the thought of integration of social-science and psychiatric concepts in the basic nursing curriculum.

Nursing Care of the Long-Term Patient by Jeanne E. Blumberg, R.N., P.H.N., M.S. and Eleanor E. Drummond, R.N., P.H.N., Ed.D. 134 pages. Springer Publishing Co., Inc., N.Y. 1963.

The authors state that this book is intended for every nurse interested in excellence of care for patients who have long-term illnesses. Its objectives are two-fold: To propose a way of looking at patient care in long-term illness, a way which is based upon reality and tempered with imagination; to organize existing knowledge that is basic to the art of nursing long-term patients into an understandable whole.

Report by Advisory Committee on a Pilot Scheme for the Exchange of Nurse Teachers. 111 pages. 1963. Copies may be obtained from: The Director of Nursing, Toronto Western Hospital, 399 Bathurst St., Toronto 2B, Ontario.

This is a report of the 1960-62 exchange of nurse teachers by the Atkinson School of Nursing at Toronto Western Hospital, Toronto, the School of Nursing of Massachusetts General Hospital, Boston, and the School of Nursing of Royal Victoria Hospital, Belfast, Northern Ireland. The working of the scheme and the conclusions drawn from its operation are described, along with recommendation for planning future programs of this nature.

The exchange of teachers was in two cycles, each of 12 months duration; each teacher spent a nine-month period in one school of nursing, and a two-month period in another. Written material was collected throughout the study and later evaluated. The project was deemed of value to the participating schools as well as to the hospitals, teaching staffs and students. The Advisory Committee felt that an exchange would, however, be of greater value if it incorporated a research project or projects.

During the exchange program, attention was drawn to the differences between the two systems of training for nurses. Under the "apprenticeship system" (in the United Kingdom) student nurses are relied upon to a considerable extent for the staffing of the hospital, and their periods of work and leisure vary. Under the "student system" (in North America), the program is similar to students in other professions with fixed periods of work and leisure; only in the third year — if at all — are the students relied upon to help staff the hospital.

In Appendix V, a comparison is made by a British sociologist between these two systems. One comment of particular interest states:

> Perhaps the greatest weakness of the apprenticeship system is that the perpetuation of attitudes and behavior, intrinsic to it, makes change and progress particularly difficult, and the image of nursing it sustains tends to be unrealistic and out of line with modern developments in technique and administration. Thus, whereas the more intellectual and student-centred approach results in a failure to produce an adequate supply of bedside nurses, the apprenticeship system, because of its emphasis on the importance of bedside nursing fails to interest enough people in administration and teaching . . . .

General Principles of Blood Transfusion edited by Max M. Strumia, *et al.* 40 pages. J. B. Lippincott Co. of Canada Ltd., Montreal, 1963.

The material in this text was prepared by the Division of Medical Sciences, National Academy of Sciences, National Research Council and originally appeared in the July-August 1963 issue of *Transfusion*. Although this monograph is directed toward the practising physician, it should be helpful to the nursing practitioner and instructor in a general hospital.

Self-Help Clothing for Handicapped Children by C. Bare, O.T.R., E. Boettke, M.S. and N. Waggoner, M.A. 78 pages. The National Society for Crippled Children and Adults, Inc., 2023 West Ogden Ave., Chicago 12, Ill. 1962.

This manual is designed to serve as a guide for parents and professional personnel in the selection and adaptation of clothing for the handicapped child. Information has been compiled from various countries, including U.S.A., Canada, England and Sweden. Illustrations are excellent.

A History of British Trade Unionism by Henry Pelling. 286 pages. Penguin Books Ltd., Middlesex. 1963.

The author of this paperback states that trade unionism can be understood only in terms of its historical development. He then proceeds to discuss the emergence of trade

unionism, the consolidation of labor, and the problems of national integration.

Laboratory Manual of Microbiology by H. Magdalene Steward, B.A., R.N., M.A. 112 pages. The C. V. Mosby Company, Saint Louis. Ed. 3, 1963.

The purpose of this manual is to stimulate in the student an appreciation for the relationship of microbiology to the diagnosis, treatment, and prevention of disease. It is planned as a supplement to lectures.

Revisions have been made in this edition in keeping with advances in the microbiology laboratory.

Laboratory Microbiology by L. Jack Bradshaw, Ph.D. 289 pages. W. B. Saunders Company, Philadelphia. 1963.

This manual was written to provide the student with information about experimental work to be performed, in order to help her develop an understanding of the ideas behind the procedure.

The discussions of theory behind a given experiment are written in a discursive fashion rather than enumerating each step.

Introduction to Asepsis by Marie M. Seedor. 274 pages. Bureau of Publications, Teachers College, Columbia University. Distributed in Canada by J. B. Lippincott Co. of Canada, Ltd. 1963.

This handbook is for the use of the student who is being taught by means of "Programed Instruction". An accompanying teacher's manual is available at extra cost.

Self-Study Guide of Mathematics Used in Nursing by Geraldine G. Price. 65 pages. G. P. Putnam's Sons, New York. 1963.

Safe administration of drugs requires the accurate use of mathematics. Most students of nursing require review of arithmetical and algebraic problems in order to feel fully confident of method as applied to drug dosages. This guide is designed for self-study and comes equipped with its own testing system.

The Staffing of Public Health and Outpatient Nursing Services. Methods of Study by Doris E. Roberts, R.N., M.P.H. World Health Organization, Geneva 1963.

The prefatory note designates the use of this "administrative tool." Those concerned with home care programs, hospital dispensaries, outpatient clinics, school health programs, and similar services, who must determine staff needs to meet requirements of care in such agencies, will find it a helpful guide since it has been designed especially for their use. However, its use is not confined to such areas alone.

Nursing Care of Patients with Urologic Diseases by Janet R. Sawyer, R.N., A.M. 363 pages. The C. V. Mosby Company, Saint Louis, 1963.

The objective of this text is to supply information in a specialized area that will be equally useful to the nurse on the ward, in the outpatient department, the cystoscopy unit or the urological surgical unit. The author feels that the nurse should have a total picture of treatment, regardless of the department in which she works.

A chapter on general principles of urological nursing care early in the text prepares the reader for discussion of care in specific conditions and obviates need for repetition of basic information. The author is then free to emphasize variations in nursing care as applied to particular conditions.

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Registered Nurse for 30-bed hospital in central Alberta. Salary $315-$360 with annual increments. Separate modern residence. Apply to: Director of Nursing, Municipal Hospital, Eckville, Alberta. 1-32-1

Registered Nurses. Salary: $330/m. starting to $375 maximum. For further information contact: Mrs. P. Landry, Administrator, Box 520, Municipal Hospital, Fairview, Alberta. 1-37-1

General Duty Nurses for modern 60-bed fully accredited hospital situated 70 mi. northwest of Edmonton. Good personnel policies. Residence accommodation. For further particulars apply to: Administrator, St. Joseph's Hospital, Barrhead, Alberta. 1-3-1

General Duty Nurses for well-equipped 76-bed hospital in active town of 3,000. Salary $315-$360 for Alberta registered; $305-$350 for non-Alberta registered. New separate residence, excellent personnel policies & working conditions. Apply to: Director of Nursing, Brooks General Hospital, Brooks, Alberta. 1-13-1

General Duty Nurses (2) for modern 25-bed hospital on Highway No. 12. Salary range $340 to $385. New staff residence. Full maintenance $35, personnel policies include Blue Cross, M.S.I. and pension plans. 21 days' vacation per year, plus statutory holidays. Apply to the: Director of Nurses, Municipal Hospital, Coronation, Alberta. 1-25-1

General Duty Nurses for new 90-bed hospital in beautiful small city just outside Edmonton. Excellent working conditions, modern residence and top salaries. Apply: Director of Nursing, Wetaskiwin Municipal Hospital, P.O. Box 340, Wetaskiwin, Alberta. 1-96-1

Graduate Nurses. Salary: $315 to $360/m. 5 day, 40-hr. wk., 31 days paid vacation after 12 mo. continuous employment, also generous sick time and pension benefits. For further particulars please apply to: M. Hawkes, R.N., Superintendent of Nurses, Municipal Hospital, Drumheller, Alberta. 1-31-2

NURSES fully qualified for 30-bed active treatment hospital. New hospital building and recently renovated nurses' residence. Unless definitely interested in coming, please do not apply. Personnel policies sent upon request. Apply to: Mrs. M. Hislop, Superintendent, Municipal Hospital, Bassano, Alberta. 1-5-1

BRITISH COLUMBIA

Director of Nursing for 23-bed active hospital. Commencing salary: $404. RNABC policies in effect. Living-in accommodation available. Forward detailed application to: Secretary, Board of Trustees, Victorian Hospital, Box 607, Kaslo, British Columbia. 2-33-1

Hospital Administrator for 23-bed hospital. Eligible for B.C. Registration, typing and accounting experience essential. Dual responsibilities director of nursing and administrator. Good salary. Submit detailed applications to: Secretary, Board of Trustees, Victorian Hospital, Box 607, Kaslo, British Columbia. 2-33-1A

Clinical Instructors for Pediatrics, Urology and General Surgery in 450-bed hospital conducting a school of nursing with 190 students. Postgraduate preparation essential. Degree preferred. Current RNABC personnel policies in practice. Apply: Director of School of Nursing, St. Joseph's Hospital, Victoria, British Columbia. 2-76-5

Operating Room Head Nurse (Experienced, June 1st) with postgraduate course for modern accredited 82-bed hospital. Salary: $381-$460 according to experience plus RNABC allowance for postgraduate course. Accommodation available, 10 statutory holidays, 4-wk. vacation, superannuation and medical plan coverage. Apply: Director of Nursing, General Hospital, Kitimat, British Columbia. 2-36-1A

HEAD NURSE for small, active psychiatric unit in a General Hospital, associated with district Mental Health Clinic. University preparation desirable. Position open August first. For further information apply to: Director of Nursing, Kelowna General Hospital, Kelowna, British Columbia. 2-34-1

Head Nurse, male or female, for active Operating Room Unit. Postgraduate training required. Good personnel policies; residence accommodation available (female). Apply to: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia. 2-72-1

MATRON for active 20-bed hospital in B.C. Mining Community, B.C. registration desirable. Good working conditions. Apply to: Bralorne Pioneer Mines Ltd., 903,207 West Hastings Street, Vancouver 3, British Columbia. 2-7-1

Registered or Graduate General Duty Nurses for active 25-bed hospital. Salary B.C. registered $320 to start. Unregistered $305. RNABC personnel policies in effect, nurses' residence available. Apply: Administrator, Lady Minto Hospital, Ashcroft, British Columbia. 2-4-1

Registered Nurses or Graduate Nurses for 75-bed hospital opened in September 1962. Salary B.C. registered nurse $332-$404; salary non-registered nurse $317, RNABC policies in effect. Very active town in Cariboo Ranching country. Apply: Director of Nursing, Cariboo Memorial Hospital, Williams Lake, British Columbia. 2-80-1

General Duty Nurses (2) for 30-bed active hospital (Accredited) BCRNA policies in effect. Apply: Director of Nursing, Creston Valley Hospital, Creston, British Columbia. 2-16-1

General Duty Nurses for active 30-bed hospital. RNABC policies and schedules in effect also Northern allowance. Accommodations available in residence. Apply: Director of Nursing, General Hospital, Fort Nelson, British Columbia. 2-23-1

GENERAL DUTY NURSES with B.C. registration for active 200-bed General Hospital with School of Nursing. Large expansion program under way. Personnel policies, including salary, in accordance with RNABC contract for 1964. Apply to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia. 2-32-1

General Duty Nurses for summer vacation relief and for full time, in all departments of modern hospital located in a very active community. Starting basic salary: $332 for B.C. Registered and $317 for non-B.C. Registered. RNABC personnel policies in effect. Planned rotation. Rooms available in nurses' residence at $26/m. Apply to: Director of Nursing, Prince George Regional Hospital, Prince George, British Columbia. 2-57-1

General Duty Nurses for 110-bed hospital in northwestern B.C. Salary—B.C. registered $347-$419; non-registered $332. Newly furnished residence with T.V. Good social activities, including bowling, curling, tennis and year-round swimming. Full personnel benefits including travel allowance. Apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia. 2-58-2

General Duty Nurses for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn and Hudson Bay Glacier. Initial salary $335, maintenance $50, 40-hr. 5-day wk., 4-wk. vacation. Boating, fishing, swimming, golfing, curling, skating, skiing. Comfortable nurses' residence, rail fare advanced if necessary. Apply: Sacred Heart Hospital, Smithers, British Columbia. 2-73-13

General Duty Nurses for active 40-bed hospital. Salary in accordance with RNABC contract for 1964. Nurses' residence available. Also **Laboratory Technician**. Apply to: Administrator, St. John Hospital, Vanderhoof, British Columbia. 2-74-1

General Duty and experienced Operating Room Nurses for 50-bed active hospital in northwestern B.C. 1964 salaries: B.C. Registered, $347, Non-Registered, $332. RNABC personnel policies in effect. Planned rotation. New residence, room and board: $50/m. T.V. and good social activities. Write: Director of Nursing, Box 1297, Terrace, British Columbia. 2-70-2

General Duty Nurses and Certified Nursing Assistants for new modern, 70-bed hospital, at Mile 47, Alaska Highway, 3-mi. from Airport. Policies for nurses in accord with those of the RNABC. Pop.: 7,000 — White. Sports summer and winter. Charlie Lake, 7-mi. Apply: Director of Nursing, Providence Hospital, Fort St. John, British Columbia. 2-24-1

General Duty and O.R. Nurses with postgraduate course or equivalent experience required for 146-bed General Hospital. Personnel policies in accordance with RNABC. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia. 2-13-1

General Duty, Operating Room & Experienced Obstetrical Nurses for 434-bed hospital with school of nursing. Salary: $332-$404. Credit for past experience & postgraduate training. 40-hr. wk. Statutory holidays. Annual increments; cumulative sick leave; pension plan; 28-days annual vacation; B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia. 2-73-13

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Graduate Nurses for 60-bed modern hospital in resort area on Vancouver Island. R.N. basic rate $332/m with yearly increments according to RNABC personnel policies. Enquiries: Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia. 2-9-1

Graduate Nurses for modern 100-bed hospital in southeast B.C. Apply: Director of Nursing, Kootenay Lake General Hospital, Nelson, British Columbia. 2-47-1

GRADUATE NURSES for 31-bed hospital. Salary $335 for B.C. registered; $10 less for Non.Reg. Lodging close in — $12.50/m. Travel from Vancouver refunded after 6 mo. Interesting social advantages. Applications to: Secretary-Treasurer, General Hospital, Box 640, Ocean Falls, British Columbia. 2-49-1

Graduate Nurses and Certified Nursing Assistants for 70-bed acute General Hospital on Pacific Coast. Salary for Graduates in accordance with RNABC scale with credit for experience; Nursing Assistants $214-$246. Board and room $25/m; 4-wk. vacation after 1-yr. Superannuation and medical plans. Apply: Director of Nursing, St. George's Hospital, Alert Bay, British Columbia. 2-2-1

Operating Room, Obs. and General Duty Nurses for modern 450-bed hospital with a school of nursing. RNABC policies in effect. Salary $332/m. Credit for past experience and postgrdauate training. 40-hr. wk., 10 statutory holidays, Annual increments, cumulative sick leave, pension plan, 28-day annual vacation. B.C. registration required. For particulars write to: Director of Nursing Service, St. Joseph's Hospital, Victoria, Vancouver Island, British Columbia. 2-76-5

Nurses two for 30-bed hospital. Salaries as per B.C. Registered Nurses' agreement. Comfortable nurses' home Apply to: Miss H. Campbell, R.N., Director of Nursing, Community Hospital, Grand Forks British Columbia. 2-27-1

MANITOBA

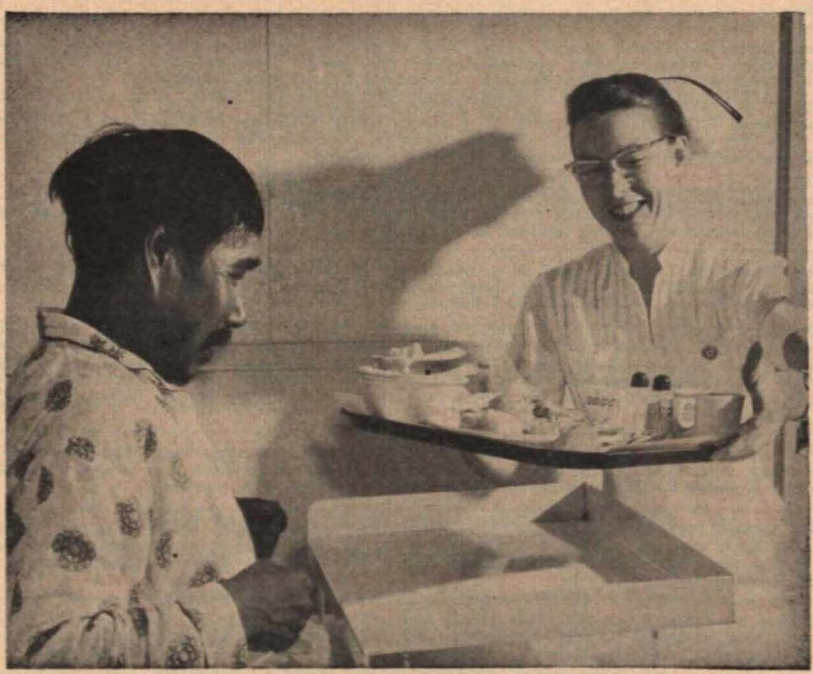
Registered Nurse required as Superintendent of fully modern 17-bed General Hospital, located in South Western Manitoba. For salary and full particulars, apply to: Miss L. K. Fraser, Sec.-Treas., Boissevain, Morton and Minto Memorial Hospital, Box 899, BOISSEVAIN, Manitoba. 3-11-1

INSTRUCTORS in Fundamentals in Nursing, Medical-Surgical Nursing, and Obs. Nursing. 150-bed hospital planning expansion to 250 beds. Apply to: Director, School of Nursing, Victoria General Hospital, Winnipeg, Manitoba. 3-72-11

Registered Nurses (2) for small General Hospital. Salary range $340-$390, accommodation available at $45, good personnel policies. Contact: Administrator, Benito Hospital, Benito, Manitoba. 3-6-1

NURSING WITH

Medical Services Directorate



REGISTERED HOSPITAL NURSES
PUBLIC HEALTH NURSES
and
CERTIFIED AUXILIARY NURSES

For service to Indians across Canada, Eskimos and the population of the Yukon and Northwest Territories.

Those interested in positions at the following locations should write to: Fisher River Hospital, HODGSON, MAN.; Miller Bay Hospital, PRINCE RUPERT, B.C.; Moose Factory Hospital, MOOSE FACTORY, ONT.; Norway House Hospital, NORWAY HOUSE, MAN.; Sioux Lookout Indian Hospital, SIOUX LOOKOUT, ONT.; Nanaimo Indian Hospital, NANAIMO, B.C.

Information on these and other positions is available from Medical Services Directorate, Department of National Health and Welfare, in Vancouver, Edmonton, Regina, Winnipeg, Ottawa and Quebec, or from the

Director, Personnel Services,

DEPARTMENT OF NATIONAL HEALTH AND WELFARE, OTTAWA

Registered Nurses (2) for fully modern 17-bed hospital, congenial staff and an attractive residence area. Starting salary for experienced personnel: $340, less $45 for maintenance. 40-hr. wk. and excellent personnel policies including an available pension plan. For further information apply: John Hiscock, Secretary-Treasurer, District Hospital, Baldur, Manitoba. 3-4-1

Registered Nurse (immediately) for General Duty, 4-bed hospital, San Antonio Mine, Bissett, Manitoba. Salary $320 plus numerous benefits. Apply: Administrator, San Antonio Hospital, Bissett, Manitoba. 3-10-1

Registered Nurses for regular staff and holiday relief in modern 20-bed hospital. Salary: $330/m with $15 increment annually for 4-yr. 40-hr. wk. 3-wk. vacation after 1 yr. Insurance plan and pension plan in effect. **Licenced Practical Nurses** are also required. Applications to be submitted in writing, stating qualifications and experience with reference to: Mrs. J. Adams, Matron, Memorial Hospital, Deloraine, Manitoba. 3-18-1

Registered Nurses for 12-bed hospital. Salary: $340/m. plus $10 increment after 6 mo. service, plus free room and board. Group insurance, medical hospital and pension plans available. For further particulars apply to: Personnel Manager, Sherritt Gordon Mines Limited, Lynn Lake, Manitoba. 3-33-1

Registered Nurse with supervisory experience to assume duties of Director of Nursing, of a 25-bed hospital, 30-mi. from Winnipeg. Salary range $370-$415. Quarters available. For more detailed information write: Administrator, DeSalaberry District Hospital, St. Pierre, Manitoba. 3-53-1B

Registered Nurses (2)for 25-bed hospital, 30-mi. from Winnipeg. Commencing salary $325, 40-hr. wk., vacation pay, pension plan, 10 statutory holidays, sick leave with pay. $5.00 increment every 6-mo. Apply to: Administrator, DeSalaberry District Hospital, St. Pierre, Manitoba. 3-53-1C

Registered Nurses (4), **Practical Nurses** (8) for Aug. 1964 for new 50-bed hospital. Salary: R.N.'s, $320 min. $380 max. L.P.N.'s, $220-$250. 40-hr. wk., 3-wk. vacation, 9 stat. holidays. Room and board, $45/m. Modern residence. Apply Matron, Pine Falls General Hospital, Pine Falls, Manitoba. 3-44-1

Registered Nurses (3) **Licenced Practical Nurses** (2) for 32-bed fully modern hospital, salary $320 and $225 respectively, 50/m for full maintenance in residence, 40-hr. wk., 3-wk. vacation after one year. Fringe benefits include life insurance, pension plan and medical services. Personnel policies supplied on request. For further information write or phone 180 collect to: Mrs. E. Sims, Superintendent, Roblin District Hospital, Roblin, Manitoba. 3-48-1

Registered and Practical Nurses (immediately) for 18-bed hospital at Vita, Man., 70-mi. from Winnipeg. Starting salary, R.N. $330 - L.P.N. $225, with allowance for experience. Daily bus service. 40-hr. wk., full maintenance available for $50/m. Apply to: Matron, District Hospital, Vita, Manitoba. 3-68-1

Registered General Duty Nurses (2) immediately for fully modern 20-bed hospital. Salary: $330/m. Increments of $5.00 every 6 mo. for 8 increments. 40-hr. wk. Full maintenance available at the hospital: $45/m. For further information and application forms apply to: Mrs. Olive Campbell, Matron, Hunter Memorial Hospital, Teulon, Manitoba. 3-63-1

General Duty Graduate Nurses (Pediatric Ward) for modern 70-bed hospital. Salary commensurate with experience. Good personnel policies. Bilingual community situated near Riding Mountains and the lakes. For more information, write to: Sister Superior, Ste. Rose General Hospital, Ste. Rose, Manitoba. 3-54-1

General Duty Nurses (2) **and L.P.N.** (1) immediately for 17-bed hospital. Starting salary for R.N.'s $320-$360; L.P.N. $220-$260/m. Increments every 6-mo. Jan. and July. Board and room $50 single, $45 double room. 40-hr. wk., pension plan in effect and M.M.S. benefits. Apply: Matron, Grandview District Hospital, Grandview, Manitoba. 3-29-1

NEWFOUNDLAND

Registered Nurses for General Duty and Operating Room for 100-bed hospital. Newfld. Gov't. salary plus $150 bonus end of 6-mo. service. One way transportation paid, 2-wk. vacation after completion of 1-yr. 8 statutory holidays. Apply: Nurse-in-Charge, Notre Dame Bay Memorial Hospital, Twillingate, Newfoundland. 5-13-1

NOVA SCOTIA

Registered Nurses for 21-bed hospital in pleasant community — Eastern Shore of Nova Scotia. Apply: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia. 6-32-1

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia. 6-21-1

ONTARIO

DIRECTOR OF NURSING EDUCATION for 215-bed accredited hospital — 100 students — University preparation and experience required, degree preferred. Good personnel policies, position available June, 1965. Apply to: Administrator, Royal Victoria Hospital, Barrie, Ontario. 7-8-2

Supervisor, Public Health Nursing. Generalized program in rural-urban county of 53,000 people. Direct inquiries, including qualification, experience and salary expected to: Dr. R. M. Aldis, Huron County Health Unit, Goderich, Ontario. 7-51-2

SUPERINTENDENT. Registered Nurse with supervisory experience to organize and manage a new private nursing home in Timmins. Previous nursing home experience not essential. Reply stating qualifications to: J.B. Sullivan, 616 Eyre Blvd., Timmins, Ontario. 7-132-3

Instructor — Registered Nurse with teaching preparation and/or experience for Clinical Teaching with a nursing assistant program. For further information, write to: Director, Ontario Department of Health, Registered Nursing Assistant Centre, 31 Walnut Street South, Hamilton, Ontario. 7-55-16

In-service Education Co-ordinator for in-service and orientation program. Baccalaureate Degree preferred. Experienced Operating Room Head Nurse for 5-theatre operating room suite. Modern 230-bed General Hospital with a school of nursing. Excellent personnel policies. Salary will be commensurate with qualifications and experience. Apply to: Director of Nursing Service, St. Joseph's General Hospital, Port Arthur, Ont. 7-106-2

Registered Nurses for new 65-bed hospital. Resort area. Salary range: $315/m. Up-to-date personnel policies. Apply: Director of Nurses, South Muskoka Memorial Hospital, Bracebridge, Ontario. 7-15-1

Registered Nurses for Surgical, Medical, Pediatric, Obstetrical, Departments and Operating Room, required by 100-bed General Hospital, situated in Northern Ontario. Starting salary $360, annual increments, good personnel policies, including 40 hours per week. O.H.A. pension plan and group life insurance, O.H.S.C. and P.S.I. plans in effect. Accommodation available in residence if desired. For further particulars apply to: Director of Nurses, Lady Minto Hospital, Cochrane, Ontario. 7-30-1

Registered Nurses applications are invited for Delivery Room and General Duty. Basic salary is $330/m. with credit for experience. Residence available. For further information write to: Director of Nursing, Dryden District General Hospital, Dryden, Ontario. 7-36-1A

Registered Nurses for 34-bed hospital, min. salary $350/m. — max. of $450 in five years, 3-wk. vacation with pay sick leave after 6-mo. service. **All Staff** — 5 day 40-hr. wk., 9 statutory holidays, pension plan & other benefits. Apply to: Superintendent, Englehart & District Hospital, Englehart, Ontario. 7-40-1

Registered Nurse required as night supervisor for 50-bed General Hospital situated midway between Montreal, Quebec and Ottawa, Ontario. For salary rates and personnel policies apply to: Matron, The Smith Clinic Hospital, 144 Main Street East, Hawkesbury, Ontario. 7-57-5

Registered Nurses for modern 55-bed General Hospital, 40-hr. wk., 8 statutory holidays, excellent personnel policies and opportunity for advancement. Resort town on Lake Huron. Apply: Director of Nursing, General Hospital, Kincardine, Ontario. 7-65-1

Registered Nurses for 25-bed hospital. Minimum salary: $350 with allowance for experience. Registered Nursing Assistants, minimum salary: $250 with allowance for experience. Excellent fringe benefits. Board and room available in residence: $45/m. Apply to: Mrs. G. Gordon, Superintendent, Nipigon District Memorial Hospital, 98 Churchill St., Nipigon, Ontario. 7-87-1

Registered Nurses for 47-bed hospital. Minimum salary: $340, 3-wk. vacation, pension, life and medical insurance. 8 statutory holidays, 40-hr. wk. Apply to: Director of Nurses, Porcupine General Hospital, South Porcupine, Ontario. 7-123-1

Registered Nursing Assistants for well-equipped 42-bed General Hospital located in area known for its wealth of natural resources. The sportsminded person has unlimited activities to enjoy. Starting salary: $230/m. Excellent personnel policies. Accommodation available in well-furnished nurses' residence. For further information please phone or write : The Director of Nursing, Sioux Lookout General Hospital, P.O. Box 909, Sioux Lookout, Ontario. 7-119-1

Registered Nurses, Certified Nursing Assistants (IMMEDIATELY) for 40-bed hospital in pleasant town of 5,000, 42-hr. wk. with good rotation shifts, providing long weekends every 4 wks. Good salaries and personnel policies. For further details and application, apply: Administrator, General Hospital, Espanola, Ontario. 7-41-1

Registered Nurses and Certified Nursing Assistants for 160-bed accredited hospital. Starting salary $350 and $240 respectively with regular annual increments for both. Excellent personnel policies. Residence accommodation available. Assistance with transportation can be arranged. Apply to: Director of Nursing, Kirkland & District Hospital, Kirkland Lake, Ontario. 7-67-1

Registered Nurses and Certified Nursing Assistants for immediate and future vacancies in this 42-bed hospital. Starting salaries $335 and $225, respectively. Accommodation in new residence available. Usual fringe benefits. For full information, apply to: Director of Nursing, New Liskeard and District Hospital, New Liskeard, Ontario. 7-83-1

Registered Nurses for General Duty in well-equipped 28-bed hospital, located in growing gold mining and tourist area, north of Kenora, Ontario. Modern residence with individual rooms; room, board and uniform laundry only $45. 40-hr. wk., no split shift, cumulative sick time, 8 statutory holidays and 28 day paid vacation after one year. Salary range $350 - $375. Apply to: Matron, Margaret Cochenour Memorial Hospital, Cochenour, Ontario. 7-29-1

Registered Nurses for General Duty in all departments including premature and new-born nursery, isolation, Emergency, Recovery Room, and Intensive Care Unit. Good salary and personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario. 7-73-10

Registered Nurses for General Duty for well-equipped 42-bed General Hospital located in area known for its wealth of natural resources. The sportsminded person has unlimited activities to enjoy. Salary range $325 to $365 with increments for experience. Excellent personnel policies. Accommodation available in well furnished nurses' residence. For further information please phone or write: The Director of Nursing, General Hospital, P.O. Box 909, Sioux Lookout, Ontario. 7-119-1

Registered Nurses for General Duty & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 80,000 people. Salary: $385 per mo. with annual merit increments, plus **annual bonus plan,** 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply: Director of Nursing, Memorial Hospital, **Sudbury,** Ontario. 7-127-4

Registered or Graduate Nurses for modern 100-bed hospital located in summer resort district, 40-mi. from Ottawa. Apply: Director of Nursing, Public Hospital, Smiths Falls, Ontario. 7-120-2

Registered Nurses for Operating Room, Medical, Surgical and Obs. Dept.'s. Excellent personnel policies. Salary commensurate with education and experience. Apply to: Director of Nursing, Strathroy Middlesex General Hospital, Strathroy, Ontario. 7-125-1

General Duty Nurses for 66-bed General Hospital. Starting salary: $335/m. Excellent personnel policies, pension plan, life insurance, etc., residence accommodation. Only 10 min. from downtown Buffalo. Apply: Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario. 7-45-1

General Duty Nurses for modern 100-bed hospital. Registered Nurses $325-$355/m, Graduates $285-$325/m, 40-hr. wk., benefits include accident, sickness and life insurance, hospital and medical insurance plans, & OHA Pension Plan. Apply: Miss Tillett, Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario. 7-69-1

General Duty Nurses for 100-bed modern hospital, southwestern Ontario, 32 mi. from London. Salary commensurate with experience & ability; $325/m basic salary. Pension plan. Apply giving full particulars to: The Director of Nurses, District Memorial Hospital, Tillsonburg, Ontario. 7-131-1

General Duty Nurses for 325-bed fully accredited General Hospital located in downtown area of city. Planned orientation program. Progressive personnel policies. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto 4, Ontario. 7-133-9

General Duty Nurses & Certified Nursing Assistants for new 50-bed hospital with modern equipment. 40-hr wk., 8 statutory holidays, excellent personnel policies & opportunity for advancement. Tourist town on Georgian Bay. Good bus connections to Toronto. Apply to: Director of Nurses, General Hospital, Meaford, Ontario. 7-79-1

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary, ear, eye, nose and throat and orthopedic surgery. Good salary and personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario. 7-73-10A

Public Health Nurses (Qualified) for an urban-rural Health Unit. Salary range: $4,000 to $4,950, annual increment: $200 with allowance for experience. Apply: Director of Public Health Nursing, Simcoe County Health Unit, Court House, Barrie, Ontario. 7-8-3

Public Health Nurses (Qualified) for Muskoka District Health Unit, to participate in a gradually expanding generalized program. Minimum salary: $4,200 with annual increment and allowance for experience. Employer shared (50-50) pension plan, Ontario Hospital Insurance and P.S.I. 4-wk. paid vacation and sick leave benefit. Unusual opportunity to work in a pleasant rural and semi-urban resort area with ample year-round recreational facilities. Reply to: Dr. W.H. Bennett, Interim M.O.H., Box 1019, Bracebridge, Ontario. 7-15-2

Public Health Nurses (qualified) for general program. Salary range $3,900 to $4,800. 5-day-wk., 1-mo. vacation, car allowance, pension plan, 50% hospitalization, P.S.I. Apply to: Dr. E.A. Dunton, Director, Brant County Health Unit, Aberdeen Avenue, Brantford, Ontario. 7-17-4

Public Health Nurses (Qualified) for generalized program, by Stormont, Dundas and Glengarry Health Unit located in the Seaway Valley area. Minimum salary $4,000. Annual increment. Allowance for experience. 5-day wk. Employer-shared (50-50) group insurance, portable OMERS pension plan, Ontario Hospital Insurance and P.S.I. coverage (medical, surgical and obstetrical plan). 3-wk. vacation, cumulative sick leave credits, one-half paid as bonus upon leaving after 3-yr. service. Generous car allowance. Reply in writing to: Dr. John A. Thomson, Medical Officer of Health, Box 1058, Cornwall, Ontario. 7-34-5

Public Health Nurse(s) (Qualified) for a generalized program in Etobicoke Township. Minimum salary: $4,355. Car allowance: $670 per annum, 4-wk. vacation after 1 yr. Usual employee benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Road, Etobicoke, Ontario. 7-41-2

Public Health Nurse (bilingual) for health unit in rural Ontario. Minimum salary $3,800. Car allowance, pension plan, group insurance. For further information, please write: Dr. R. G. Grenon, Unité Sanitaire, Prescott & Russell, l'Orignal, Ontario. 7-73-14

Public Health Nurses (Qualified) for generalized program in a highly urbanized and rural area. Fo rpersonnel policies and further information apply to: Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario. 7-81-2

Public Health Nurses (Qualified). Salary range $3,850 - $4,600, required in a generalized program in rural and semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group insurance, and transportation arrangements. Write: Dr. R. M. King, York County Health Unit, 64 Bayview Avenue, Newmarket, Ontario. 7-84-2

Public Health Nurse (Qualified) for generalized program in small city health department. Salary: $4,000 to $5,000, P.S.I., 5-day wk., generous car allowance, 1-mo. vacation, accumulative sick leave. Apply to: Dr. A. S. Middlebro', Owen Sound Department of Health, 100 - 8th Street, East Owen Sound, Ontario. 7-94-2

Public Health Nurses for general program. Salary range $4,200 to $4,900. Personnel policies include car expense allowance, OMERS pension plan, group insurance, 50% of P.S.I. and hospital insurance, liberal allowance for experience. Apply to: Dr. G. L. Anderson, Director, The Lambton Health Unit, 333 George Street, Sarnia, Ontario. 7-114-3

Public Health Nurses (2) for generalized public health program. Minimum salary $4,100 plus allowance for experience. 4-wk. vacation. Car allowance, pension plan, hospitalization, P.S.I., and Group Insurance available. Apply stating qualifications to: Dr. W. K. G. Allan, Director and Medical Officer of Health, Norfolk County Health Unit, Box 247, Simcoe, Ontario. 7-118-2

Public Health Nurse (Qualified - Catholic).Minimum salary: $4,236. Annual increments. 5-day wk.; 4-wk. vacation; $100 uniform allowance; pension; P.S.I. Apply: Director, St. Elizabeth Visiting Nurses' Association, 99 Gloucester Street, Toronto 5, Ontario. Telephone: 925-8907. 7-133-60

Public Health Nurse for general staff duities. Basic salary: $4,200 with adjustment for experience. Personnel policies include employer shared Ontario Hospital Services, Windsor Medical and OMERS plan. Apply stating qualifications and experience to: Dr. W. H. Johnston, Medical Officer of Health, Department of Health, Chatham, Ontario. 7-24-3

Public Health Nurses for an expanding generalized program. Salary schedule, $4,000-$4,900, with starting salary being based on experience. Personnel policies include car mileage allowance, O.M.E.R.S. pension plan, group insurance, family coverage under Windsor Medical Services, hospitalization, a 3-wk. vacation, accumulative sick leave and other benefits. Nurses already qualified in public health or those qualifying this year are invited to send applications to: Dr. J. Howie, Director, Metropolitan Windsor Health Unit, 2090 Wyandotte Street East, Windsor, Ontario. 7-145-8

STAFF NURSES FOR 220-BED ACCREDITED HOSPITAL with School of Nursing. Salary $325. Preference for any particular service given every consideration. Post-Basic Certificates recognized. Usual personnel benefits, plus proximity to Ottawa, Montreal and Northern New York State. Apply: Assistant Director of Nursing (Service), General Hospital, Cornwall, Ontario. 7-34-1

BERMUDA

Registered Nurses for General Staff. Salary commences at £52.10.0 per mo. Full maintenance in new residence. Transportation allowance. For full particulars, apply: Matron, King Edward VII Memorial Hospital, Bermuda. 13-1-1A

QUEBEC

Assistant Head Nurses and Certified Nursing Assistants for 60-bed children's orthopedic hospital. Excellent personnel policies. Apply: Miss Flora M. Lamont, Reg.N., Administrator, Shriners Hospital for Crippled Children, 1529 Cedar Avenue, Montreal 25, Quebec. 9-47-42

Registered Nurses for 30-bed General Hospital, 50 mi. from Centre of Montreal. Excellent bus service. Starting salary: $325/m. Salary increases as recommended by ANPQ. 40-hr. wk. Annual vacation, statutory holidays, 2-wk. sick leave, Blue Cross paid, living accommodation available. Apply: Mrs. D. Hawley, R.N., County Hospital, Huntingdon, Que. 9-29-1

Registered Nurses and Certified Nursing Assistants for 115-bed hospital for tuberculosis and other chest diseases. Situated in the heart of the Laurentian Mountains, 55-mi. north of Montreal. Apply: Director of Nursing, Box 1000, Ste Agathe des Monts, Quebec. 9-57-1

SASKATCHEWAN

Director of Nursing for 15-bed hospital near Saskatoon. Some post-basic preparation preferred. Salary: $385-$450 depending upon qualifications and experience. Residence accommodation available for $34.50/m. Address inquiries to: Manager, Union Hospital, Delisle, Saskatchewan. 10-24-1

Director of Nursing for modern 22-bed hospital. Expansion program to 30 beds underway, located 27-mi. west of Prince Albert. Applicants to have postgraduate course in administration or experience in supervisory capacity. Salary scale with postgraduate course: $393-$503. Without postgraduate course: $374-$479. Past experience will be considered in determining starting salary. Pension plan and personnel policies in effect. Living accommodation available. Apply: A. A. Hiebert, Secretary-Manager, Shellbrook Union Hospital, Shellbrook, Saskatchewan. 10-118-1

Registered Nurses (2) for 12-bed hospital situated in southwestern Saskatchewan in a progressive area. Starting salary: $340/m. usual increments & holidays. Nurses' residence on hospital grounds. Apply: Secretary, Municipal Hospital, Frontier, Saskatchewan. 10-37-1

Registered Nurses for the Riverdale Memorial Union Hospital at Turtleford, Sask. Salary as recommended by SRNA. Excellent personnel policies in effect, nurses' residence located near the hospital, board and room available. The R. Memorial Union Hospital is a 20-bed hospital, modern throughout, good equipment and facilities, a further addition and a large renovation program has been approved. The hospital has two Doctors on staff, a clinic is situated near the hospital providing services such as Dentist, Physiotherapy, Optomotrist etc. Turtleford is a modern Village situated 50-mi. from North Battleford with daily bus service to N.B. and Saskatoon. Surrounded by a number of resorts. Please apply to: Sec.-Manager, R.M. Union Hospital, Turtleford, Saskatchewan. 10-125-1

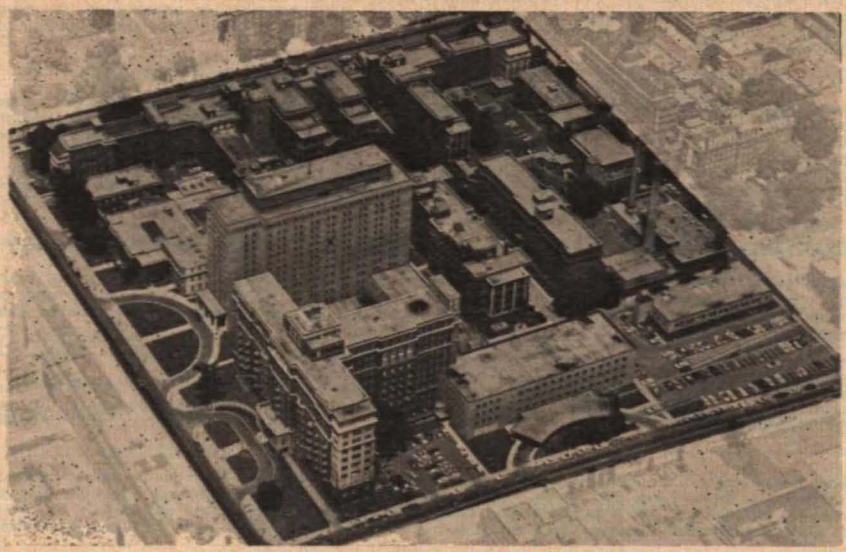
Registered Nurses for modern 24-bed hospital. Established personnel policies. Pension plan. Salary range $310 - $387 with yearly increments. Adjustment to starting salary made for previous experience. Apply: Miss M. Stang, Director of Nursing, Union Hospital, Wakaw, Saskatchewan. 10-131-1

Registered Nurse for General Duty for 24-bed hospital in S. E. Saskatchewan close to Moose Mountain Provincial Park. Basic salary: $325 with allowance for previous experience since 1959 $180/yr. to a possible starting salary of $385/m. 40-hr. work wk. no split shift. Board and room in residence: $30/m. if desired. Holidays etc. according to SRNA. Apply: Matron, Union Hospital, Redvers, Saskatchewan. 10-108-1

GRADUATE NURSES for 8-bed hospital in Southern Sask. Salary range $335-$425. Qualifications and experience considered. 3-wk. vacation plus statutory holidays, 40-hr. wk., modern residence with T.V. Personnel policies on request. Apply to: Mrs. D. L. Knops, Sec.-Treas., Union Hospital, Rockglen, Saskatchewan. 10-110-1

Graduate Nurses for all departments. Modern 160-bed fully accredited hospital in attractive city, population 13,000. Nurses' residence built in 1958 in open landscaped area with tennis court and skating rink. Good salary scale and personnel policies. Applications to be forwarded to: The Director of Nursing, Union Hospital, Swift Current, Saskatchewan. 10-122-1

TORONTO GENERAL HOSPITAL



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Planned Orientation Programme — Inservice Educational Programmes
Opportunity to gain additional knowledge in specialized fields of nursing
Excellent personnel policies
Salaries commensurate with prevailing current salaries in Metropolitan Toronto

For information or application write to:

DIRECTOR OF NURSING, TORONTO GENERAL HOSPITAL,
101 College Street, Toronto 2, Ontario.

REGISTERED NURSES REQUIRED

For General Duty in modern 18-bed private Hospital in Iron mining town.
140 miles north of Sault Ste. Marie, Ontario.

SALARY RANGE $320 MINIMUM TO $360 MAXIMUM.

Allowance for experience. Board and room available at $20 per month.
Transportation allowance up to $50 after 6 months.

Apply:

SUPERINTENDENT OF NURSES, LADY DUNN HOSPITAL, WAWA, ONTARIO.

ASSISTANT DIRECTOR OF NURSING SERVICE

Wanted for McKellar General Hospital. An active treatment hospital of 380 beds, with a progressive school of nursing. Postgraduate preparation essential; Baccalaureate Degree preferred.

APPLY TO:
Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-**Plastic Surgery, 50-Orthopedic beds**), 6-mo. postgraduate course on Plastic Surgery for Canadian Trained Nurses commences October 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national Nurses' salary paid. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to Group Secretary, 64 Cardiff Road, Newport, Mon., England. 14-1-3

U.S.A.

New York Polyclinic Medical School and Hospital in heart of Manhattan. Six month courses for qualified registered nurses in Operating Room Nursing, and Medical Surgical-Out Patient Department Nursing. Classes begin in March and September, include 220 hours of instruction and supervised clinical experience. Room, meals, medical care, and monthly cash stipend. For information write: Director of Nursing Education, 345 West 50th Street, New York, New York 10019. 15-33-24

Registered Nurses for modern 374-bed General Hospital on the beautiful, warm Peninsula yet only 20-min. from the heart of cosmopolitan San Francisco. Openings in all nursing services including operating room, emergency room, and I.C.U. Excellent personnel policies, many extra benefits and opportunities for advancement. Telephone collect. OXford 7-4061 or write: Director of Personnel, Peninsula Hospital, 1783 El Camino Real, Burlingame, California. 15-5-20

Registered Nurses. Career satisfaction, interest and professional growth unlimited in modern, JCAH accredited 254-bed hospital. Located in one of California's finest areas, recreational, educational and cultural advantages are yours as well as wonderful year-round climate. If this combination is what you're looking for, contact us now! Staff Nurse entrance salary $395 with automatic increase to $455 per mo., supervisory positions at increased rate. Special area and liberal shift differentials paid. Excellent benefits including Blue Cross hospitalization and surgical coverage and liberal personnel policies. Professional staff appointments available in all clinical areas to those eligible for California licensure. Write today: Director of Nursing, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California. 15-5-12

Registered Nurses, Staff Nurses for permanent positions, various departments, days, eves., nights. Excellent starting salary, increments, benefits and working conditions in one of the largest and finest general hospitals in the West. For details write: Personnel Department, Queen of Angels Hospital, 2301 Bellevue Avenue, Los Angeles 26, California. 15-5-3G

Registered Nurses for a new 60-bed Children's Hospital operated by Sisters of St. Joseph in Orange, California. California license required. Excellent salary and benefits. Write: Personnel Office, St. Joseph Hospital, Orange, California. 15-5-56

Registered Nurses for private 278-bed hospital for men, women and children. Staff Nurse salaries from $400-$465, differentials for evenings and nights. Opportunities in all clinical areas. Holidays, vacations, sick leave, life insurance and health insurance. California registration required. Applications and details furnished on request. Contact: Personnel Director, Children's Hospital, 3700 California Street, San Francisco 18, California. 15-5-4

Registered Nurses for 233-bed modern hospital. Positions available — all services, no shift rotation. Liberal benefits, advancement opportunities, educational opportunities in area, equal opportunity employer. Apply: Director of Nursing Service, Kaiser Foundation Hospitals, San Francisco 15, California. 15-5-7

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Starting salary $395 per mo. plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California. 15-5-39

ATTENTION! GENERAL DUTY NURSES 297-bed fully accredited County Hospital located 2-hr. drive from San Francisco, ocean beaches & mountains resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., pd. vacation, pd. holidays, pd. sick leave, retirement plan, social security & insurance plan. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary $395 per mo., plus shift and service differentials. Merit increases to $481/m. Must be eligible for California registration. Write: Director of Nursing, Stanilaus County Hospital, 830 Scenic Drive, Modesto, California. 15-5-42

Staff Nurses for 300-bed County Hospital. Attractive personnel policies plus differential for specialties, afternoon and night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California. 15-5-3C

Staff Duty positions (Nurses) in private 403-bed hospital. Liberal personnel policies and salary. Substantial differential for evening and night duty. Write: Personnel Director, Hospital of The Good Samaritan, 1212 Shatto Street, Los Angeles 17, California. 15-5-3B

Interested Nurses (must be fluent in English and be willing to apply for California registration). Southern California, Ventura County — 350-bed hospital. Salary range $384-$466 compensation for extra experience. Nurses' residence $20/m. Ventura, city of 36,000, is near the beaches, has a mild year-round climate and is a one-hour drive from a large metropolis. Write: Personnel Department, Courthouse, Ventura, California. 15-5-53

PROFESSIONAL NURSES For immediate openings in 274-bed General Hospital, liberal fringe benefits. Enjoy interesting, challenging position in the ideal climate of Santa Monica Bay. Apply: Director of Nursing, Santa Monica Hospital, 1250—16th Street, Santa Monica, California. 15-5-40

Nurses for new 75-bed General Hospital. Resort area. Ideal climate. On beautiful Pacific ocean. Apply to: Director of Nurses, South Coast Community Hospital, South Laguna, California. 15-5-50

General Duty Nurses for various departments including surgery for 72-bed hospital. Starting salary $375 per mo. with periodic increases and fringe benefits. College town, tourist area, ideal climate. Contact: Superintendent, Lutheran Hospital Association, Alamosa, Colorado. 15-6-1

Executive Director generalized public health nursing agency. Potential for program expansion in rapidly growing community 45 minutes from NYC. Staff 8 full time, 5 relief nurses. Master's degree, administrative ability; experience required, salary open. Send résumé to Mr. Charlees H. Ulrich, Chairman, Personnel Staff Committee, Visiting Nurse Association, 60 Guernsey Street, Stamford, Connecticut. 15-7-4

REGISTERED NURSES: for 75-bed, air conditioned hospital, growing community. Starting salary $330-$365/m. fringe benefits, vacation, sick leave, holidays, life insurance, hospitalization. 1 meal furnished. Write: Administrator, Hendry General Hospital, Clewiston, Florida. 15-10-1

Help Wanted! Registered Nurse in sunny Florida near West Palm Beach. 40-hr. wk. Good working conditions. New 50-bed hospital under construction. Living quarters available. S.E. end of Lake Okeechobee. Write or call: J. C. Simonds, Administrator, **EVERGLADES MEMORIAL HOSPITAL**, 1749 E. Main Street, Pahokee, Florida, 33476. Phone: 924-5502. 15-10-4

General Duty Nurses for 54-bed hospital, minimum starting salary $350 per mo., located near Miami and West Palm Beach. Apply: Director of Nurses, Belle Glade Memorial Hospital, Belle Glade, Florida 15-10-3

STAFF NURSES for modern, expanding 425-bed private, General Hospital, located in pleasant residential suburb on Lake Michigan, 30-min. from Chicago's Loop. Progressive orientation and in-service education programs. Excellent benefits including bonus and retirement programs. Beginning salary $400 - $450 commensurate with experience. Apply: Personnel Director, Evanston Hospital Association, 2650 Ridge Avenue, Evanston, Illinois, 60201. 15-14-2

Staff Nurses (All Areas) Orientation and staff development programs, "nurse-saving" equipment, challenging working environment, individualized living accommodations in new air-conditioned cottages. Opportunity to participate in nursing practice of the finest quality in our 200-bed General Hospital, located along Lake Michigan shoreline, 30 min. from Chicago. Starting salaries $390-$410 plus $30 differential for 3-11 and 11-7. Write: Director of Nursing, Highland Park Hospital, Highland Park, Illinois for detailed brochure. 15-14-3

Operating Room Nurse for 425-bed General Hospital with school of nursing, 45 interns and residents. Orientation and refresher course available. Opportunity for advancement. Area offers excellent educational, recreational and housing facilities. Liberal personnel policies. Apply: Personnel Department, Springfield Hospital, 759 Chestnut Street, Springfield, Massachasuetts. 15-22-5

Staff Nurses and Licensed Practical Nurses (Openings in several areas, all shifts). Minimum starting pay $77 R.N.'s; L.P.N.'s $61 per wk, experience considered differentials paid for reliefs, nights. Every other weekend off in small community hospital 2 miles from Boston. Living quarters available. Contact: Miss Elizabeth A. Byrne, R.N., Director of Nursing, Chelsea Memorial Hospital, Chelsea, Mass. 15-22-1

Staff Nurses 380-bed hosp. new 120 med-surg. unit. Trans. pd. 1st class air to Albuq. and return within U.S. in exchange for 1-yr. emp. contract. Come to New Mexico "Land of Enchantment." Career opportunities, largest pvt. JCAH accredited hosp. in state; near U. of New Mexico, R.N. & B.S. pgm. Practical Nurse pgm. accredited state & NAPNE. Vacancies, Med-Surg. & occasionally O.B., Peds., & O.R., salaries $350 per mo. even., night or O.R. with call; annual increases up to $410; days $340 per mo. with increases up to $400 Rotation from day duty is required only when no person desiring permanent P.M. or night tour is available. Liberal personnel policies include: optional Blue Cross, Discount Hosp. Services, pd. sick leave cumulative to 5 wks., annual physical exam., vacation 1 yr. — 2 wks., 5 yrs. — 3 wks., 10 yrs. — 4 wks. Active in-service program. Occasional vacancy hosp. owned appts. New Mexico licensure as professional nurse and U.S. citizenship (or Immigration Visa) required. Write or call collect: Mrs. Emily J. Tuttle, Dir. of Nursing, Presbyterian Hospital Center, 1012 Gold, S.E., Albuquerque, New Mexico. Phone 243-5611. 15-32-3

Graduate Nurses for 450-bed non-sectarian acute General Hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Opening of new main building has created attractive positions for Staff Nurses in medical, surgical, obstetric and pediatric divisions. Apartments available in immediate neighborhood. Apply: Miss Louise Harrison, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio. 15-36-1D

Staff Nurses for modern 400-bed tuberculosis hospital, suburban Cleveland, Ohio. Monthly salaries start at $410 with semi-annual increments. Extra for night and relief duty, 5-day work wk., 3-wk. paid vacation, 6 paid holidays, liberal sick leave, comfortable accommodations in nurses' residence at low rate. Learn and earn at a progressive accredited hospital in a growing community. Write: Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio. 15-36-1E

Registered Nurse (Scenic Oregon vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary starts at $387. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland, Oregon. 97201. 15-38-1

Assistant Science Instructor to teach in anatomy and physiology laboratory or microbiology and chemistry laboratories. Lectures given by Albright College professors. School has 6 nurse instructors to teach the laboratory portion of the course. 1 class/yr. Science instructors assist with medication supervision in the spring. Hospital now has 621 beds and is in an expansion program. Teaching and laboratory facilities excellent. School has full accreditation from N.L.N. Large school with no recruitment problem. There are 33 nurse instructors on faculty. School is being expanded. 7 new faculty positions to be added. Salary: $5,460 to $5,820. Opportunities for promotion. Full instructor salary: $5,820 to $7,020. Retirement plan in addition to social security. Hospital pays the retirement policy premium. After 3-yr. hospital provides life insurance policy for employee equivalent to 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Latest teaching aides, including I.B.M. grading machine. Hospital located in a beautiful 40 acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4

SUPERINTENDENT OF NURSES

Required by 18-bed Private Hospital. Ontario registration required.

Registered Nurse with supervisory experience or experience as Superintendent of small hospital would fill requirements. Two room apartments with bath and all meals supplied for $20 per month. Four weeks annual vacation per year, eight statutory holidays, hospitalization, medical-surgical and Group Insurance. Moving expenses up to $50 refunded following six months employment. Salary scale will be forwarded following application.

Apply to:

MRS. V. M. SWITZER, SECRETARY,
BOARD OF DIRECTORS, LADY DUNN HOSPITAL, WAWA, ONTARIO.

TORONTO GENERAL HOSPITAL

Is accepting applications for positions of:

ASSISTANT NURSING SERVICE SUPERVISORS

RESPONSIBILITIES include supervision of nursing care, guidance of staff, participating in committees and in-service programs. Rotation to the 3 periods of duty is required.

APPLICANTS should have minimum of 3 years' experience and university preparation in nursing service administration.

For further information write to:

THE DIRECTOR OF NURSING,
Toronto General Hospital,
101 College St., Toronto 2, Ont.

POSITIONS AVAILABLE FOR REGISTERED NURSES

in

131-bed General Hospital. Commendable salaries, Personnel policies and advancement opportunities.

Apply to:

Director of Nurses,
PARRY SOUND GENERAL HOSPITAL,
Parry Sound, Ontario.

U.S.A.

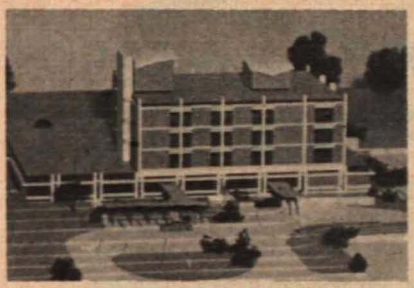
Obstetrical Instructor: No administrative responsibilities. Department has 2 obstetrical instructors and has obstetrical supervisor who assists with clinical teaching. School is being enlarged and size of faculty increased. 7 new faculty positions being created. Full accreditation from N.L.N. Large school with no recruitment problem. 33 full-time nurse instructors. Sciences taught by Albright College. Hospital now has 621 beds and is in an expansion program. Entirely new obstetrical department in new building. School has latest teaching aides, including I.B.M. grading machine. Salary: $5,820 with increases to $7,020. Beginning salary: $6,180 for qualified instructor with 2 years teaching experience. Retirement plan in addition to social security. Hospital pays retirement premium. After 3 yr. hospital provides a life insurance policy for the equivalent of 1-yr. salary. Hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities including symphonies and museums. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4A

Clinical Instructor to teach a portion of medical and surgical nursing. School of nursing is enlarging. 7 new faculty positions being added. There will be 33-nurse instructors and 4 Albright professors. 12 instructors in the medical and surgical nursing department and 2 full-time clinical dietitions. Starting salary: $5,820 with increases up to $7,020. Instructors with 2-yr. experience start at $6,180. School has latest teaching aides, including an I.B.M. grading machine. Retirement plan in addition to Social Security, hospital pays the policy. After 3-yr. hospital provides a life insurance policy for employees equivalent to 1-y.r salary, hospital pays the premium. Other liberal personnel policies, attractive working conditions. Each room in nurses' residence has its own private bath and shower. Hospital located in a beautiful 40-acre park. Community has many cultural opportunities. 1 college in city. 4 universities have extension center or extension courses in city. Qualifications: Baccalaureate degree with courses in nursing education. Apply: Director of Nurses, The Reading Hospital, Reading, Pennsylvania. 15-39-4B

STAFF NURSES All Clinical Services. Starting salary $382 for day shift; $419 for evening and night shifts, opportunities for advancement. Personnel policies, sick leave, retirement plan, 3-wk. vacation and laundry of uniforms. Orientation and in-service programs. Housing available on Campus. Apply: Director, Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas. 15-44-5

REGISTERED NURSES for modern 140-bed hospital. Permanent full and part-time positions on all shifts. Salary range $380-$440. Must join Washington State Nurses' Association. $30 differential, 3-11 shift. $25 differential, 11-7 shift. Excellent fringe benefits. No shift rotation. Must be registered Washington State or eligible. Equal Opportunity Employer. Apply: Group Health Hospital Personnel, 200-15th Ave. East, Seattle, Washington, 98102. 15-48-2G

STAFF NURSES University of Washington 320-bed, modern, expanding Teaching and Research Hospital located on campus offers you an opportunity to join the staff in one of the following specialties: Clinical Research, Premature Center, Open Heart Surgery, Physical Medicine, Orthopedics, Neurosurgery, Adult and Child Psychiatry in addition to the General Services. Salary $380 - $442. Unique benefit program offers free University courses after six months fulltime employment. For information on opportunities write to: Mrs. Ruth Fine, Director of Nursing Services, University Hospital, 1959 Pacific Avenue, Seattle, Washington. 15-48-2D



NEW HOSPITAL

AJAX, ONTARIO

110 BEDS

Nursing the patient as an individual

Opening — October 1964

VACANCIES for Head Nurses, Assistant Head Nurses, General Duty R.N.'s and Registered Nursing Assistants (Union Agreement for Registered Nursing Assistants) in Medicine and Surgery. O.R., OBS., Pediatrics. Salaries commensurate with prevailing salaries in Metro Toronto. Consideration for experience and education. Overseas nurses welcome. Personnel recognition and excellent fringe benefits. Professional development fostered.

Ajax is 7 miles from Metro Toronto, hourly bus service

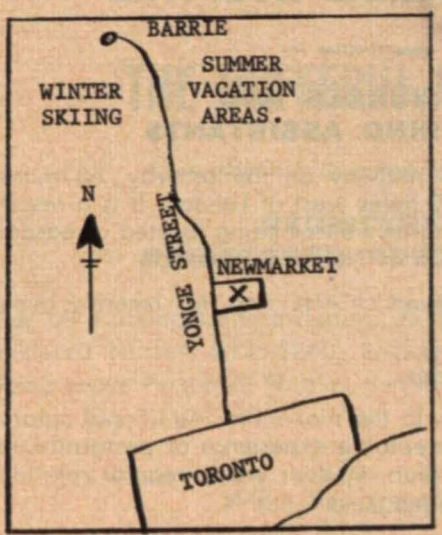
Apply to:

NURSING OFFICE PERSONNEL,

AJAX AND PICKERING GENERAL HOSPITAL,

Ajax, Ontario.

YORK COUNTY HOSPITAL



ONE HOUR FROM DOWNTOWN TORONTO

260 bed Hospital with new facilities including:

INTENSIVE CARE UNIT

SELF CARE UNIT

PSYCHIATRIC UNIT

CLINICAL INSTRUCTRESSES: $385-$460 per month

REGISTERED NURSES: $335-$400 per month

REGISTERED NURSING ASSISTANTS: $230-$265 per month

LIBERAL PERSONNEL BENEFITS INCLUDE:

Pension Plan, Group Life Insurance, Medical and Hospital Insurance.

Residence accommodation available.

Please write for further details concerning employment opportunities to:

DIRECTOR OF NURSING, YORK COUNTY HOSPITAL,

Newmarket, Ontario.

Then take a look at us: Charles T. Miller Hospital

...**a stimulating environment** that encourages professional growth in your choice of work areas.

...**excellent personnel policies** including team leader salary. Credit allowed for previous experience. Tuition paid by hospital for satisfactory completion of post-grad credits in nursing field.

...**exciting metropolitan atmosphere** of the Twin Cities of St. Paul-Minneapolis. Surrounded by lakes and ski areas. Convenient to theatres, shopping, world-famous symphony orchestra, art galleries.

To receive our informative booklet, mail this coupon to:

Miss Joan Johnson, R. N., Personnel Office
Charles T. Miller Hospital • Dept. C-6
125 West College Ave. • St. Paul 2, Minn.

Name_____

Street_____

City_____ State_____

THE DUFFERIN AREA HOSPITAL

A new addition to be opened in July, invites applications from:

REGISTERED NURSES
REGISTERED NURSING ASSISTANTS

For all Nursing Units including an Intensive Care Unit. Salaries — Registered Nurses: $320-$360; Registered Nursing Assistants: $210-$250. Progressive Personnel Policies, Pension Plan, Group Insurance.

For further information write to:

DIRECTOR OF NURSING,

Dufferin Area Hospital, Orangeville, Ontario.

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL

requires

INSTRUCTOR IN PSYCHIATRIC NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experience for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually. **Duties include:** Instruction in Introductory Psychology and Mental Hygiene. Clinical and Classroom Instruction in Psychiatric Nursing. **Requirements:** University preparation in Nursing Education. — Salary differential for Degree. — Duties to commence August, 1964.

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

DIRECTOR OF NURSING

FOR MODERN, 163-BED, FULLY ACCREDITED GENERAL HOSPITAL

SALARY COMMENSURATE WITH QUALIFICATIONS AND EXPERIENCE

Please address enquiries to:

Administrator,

KIRKLAND AND DISTRICT HOSPITAL,
Kirkland Lake, Ontario.

SUDBURY ALGOMA SANATORIUM

Requires for New Psychiatric Unit

SUPERVISOR: Postgraduate training and experience in Psychiatry essential. Diploma Course in Teaching and Supervision an asset.

REGISTERED NURSES: With postgraduate training and experience in Psychiatry, for general staff duty.

Salary for both positions commensurate with education and experience.

Apply to:

DIRECTOR OF NURSING,
Sudbury Algoma Sanatorium, Sudbury, Ontario.

SCHOOL OF NURSING

PLUMMER MEMORIAL PUBLIC HOSPITAL, SAULT STE. MARIE

Invites applications for:

1. NURSING ARTS INSTRUCTOR
2. MEDICAL and SURGICAL INSTRUCTORS
3. OBSTETRICAL INSTRUCTOR

250-bed non-sectarian General Hospital with enrolment of 71 students. Salary commensurate with qualifications.

Apply to:

PRINCIPAL,
School of Nursing.

ROYAL JUBILEE HOSPITAL

VICTORIA, B.C.

Invites B.C. Registered Nurses (or those eligible) to apply for these positions:

SUPERVISOR — PSYCHIATRIC NURSING
CHARGE NURSES — OPERATING ROOM
GENERAL STAFF

Apply to:

DIRECTOR OF NURSING.

SCHOOL OF NURSING

METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

requires

INSTRUCTOR IN BASIC SCIENCES AND SURGICAL NURSING

This is an opportunity to participate in the development of a progressive program which emphasizes educational nursing experiences for the student. The program consists of 2 basic, preparatory years followed by one year of Nursing Internship. One class of 32 students is admitted annually.

DUTIES INCLUDE: Instruction in Anatomy and Physiology, Chemistry and Physics. Clinical and Classroom instruction in an integrated program of Medical-Surgical Nursing.

REQUIREMENTS: University preparation in Nursing Education — Salary differential for Degree.

DUTIES TO COMMENCE AUGUST 1, 1964

For further information, contact:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario

COUNTY OF RENFREW HEALTH UNIT

This new Health Unit will begin operation July 1st, 1964. Applications and enquiries are invited regarding the positions of the following:

DIRECTOR AND MEDICAL OFFICER OF HEALTH

PUBLIC HEALTH NURSING SUPERVISOR AND PUBLIC HEALTH NURSES

CHIEF SANITARY INSPECTOR AND INSPECTORS

Salaries will be based on experience, pension plans, group insurance, vacations and sick leave in varying scales.

Apply to:

E. M. FRASER,
County Clerk-Treasurer,
County Administration Building, Pembroke, Ontario.

YORK CENTRAL HOSPITAL

RICHMOND HILL, ONTARIO

APPLICATIONS ARE INVITED FOR:

(1) General Staff Nursing Positions.
(2) Registered Nursing Assistant Positions.

ALL IN CLINICAL AREAS

This is a new 126-bed active treatment hospital, lying outside Metropolitan Toronto, Progressive personnel policies, salary based on education and experience.

Apply to:

DIRECTOR OF NURSING
York Central Hospital, Richmond Hill, Ontario

THE PETERBOROUGH CIVIC HOSPITAL

Requires

CLINICAL INSTRUCTRESS — SURGICAL CLINICAL INSTRUCTRESS — GERIATRICS

EXCELLENT PERSONNEL POLICIES

For further information, write:

THE DIRECTOR OF NURSING,
Peterborough Civic Hospital, Peterborough, Ontario.

WANTED FOR JULY 31st

REGISTERED NURSE

To Act as Supervisor of Nurses and Hospital Administrator for the 31-bed Sutherland Memorial Hospital at Pictou, N.S.

Apply in writing stating age, experience, qualifications and salary expected, to:

Wm. H. Harris, Secretary of the Board,
SUTHERLAND MEMORIAL HOSPITAL, PICTOU, N.S.

GENERAL DUTY NURSES

Two General Duty Nurses, starting salary $332 - with two years' experience $349 - with four years' experience $366. Travelling expenses paid on completion of one year's service. Personnel policies in accordance with provincial agreement. Health plan and retirement plan in operation. Comfortable nurses' residence. Situated 80 miles upcoast from Vancouver with daily bus and plane connections.

Apply to:

Director of Nursing,
POWELL RIVER GENERAL HOSPITAL,
Powell River, British Columbia.

COLLINGWOOD GENERAL AND MARINE HOSPITAL

Active tourist town on Georgian Bay, requires:

REGISTERED NURSE AS NIGHT SUPERVISOR
REGISTERED NURSE 4-12 SHIFT FOR EMERGENCY AND OPERATING ROOM
REGISTERED NURSES AND REGISTERED NURSING ASSISTANTS FOR GENERAL DUTY

For further information write:

THE DIRECTOR OF NURSING,
Collingwood General and Marine Hospital, Collingwood, Ontario.

DIRECTOR OF NURSING

For 138-bed fully accredited modern chronic hospital with Convalescent and Tuberculosis divisions, Training Center for Registered Nursing Assistants and active Outpatient Department. O.H.A. Pension plan and salary commensurate with qualifications and experience.

Apply to:

Medical Superintendent,
THE FREEPORT SANATORIUM,
Kitchener, Ontario.

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

Applications are invited for the position of Clinical Teacher in Medical-Surgical Unit for **August 1964.**

QUALIFICATIONS:

Prefer degree in Nursing Education and experience or diploma in Nursing Education and minimum of 2 years teaching experience.

Apply:

DIRECTOR OF NURSING,
Woodstock General Hospital,
Woodstock, Ontario.

CLINICAL INSTRUCTORS

Required for School of Nursing in this 350-bed General Hospital. Modern classrooms and facilities. Student enrollment 95.

Minimum qualifications — Diploma in Nursing Education. Good starting salary with special consideration for experience or degree.

Excellent working conditions with opportunities to use progressive techniques in teaching.

Apply:

Personnel Director,
SARNIA GENERAL HOSPITAL,
Sarnia, Ontario.

SOUTH PEEL HOSPITAL

COOKSVILLE

A new 450-bed General Hospital, located 12 miles from the City of Toronto, has openings for:

(1) Supervisor for Nursing Office with Nursing Service Administration Diploma.

(2) Supervisor for Unit Administration on Medical Ward.

(3) Head Nurses and Assistant Head Nurses for Medical and Surgical Units.

(4) General Staff Nurses in all departments.

Good personnel policies. Salary commensurate with experience and preparation.

For information or application, write to:

DIRECTOR OF NURSING,
South Peel Hospital,
Cooksville, Ontario.

NURSES

KENORA, ONTARIO

This resort town of 14,000 people has just opened a section of its new 100-bed hospital and in the not too distant future will be opening the second section for which nurses are needed. The hospital is wonderfully located on the shores of beautiful Lake of the Woods in Ontario. In the summer we have activities in swimming, boating, fishing and golfing and in the winter there is skating, curling, tobogganing, skiing and ice fishing.

A nurses' residence is available at a reasonable rate of $20 per month for private room or $15 per month for a double room. Cafeteria services are available at cost as well as a kitchen in the nurses' residence. Separate personnel policies for nurses are available and will be mailed on request.

The starting salary is $330 per month. Eight statutory holidays, sick leave, three weeks vacation with pay are some of the benefits of these policies.

All applications will be treated with courtesy and privacy.

Please apply to:

Director of Nursing,
KENORA GENERAL HOSPITAL,
Kenora, Ontario.

PROVINCE OF ALBERTA

Provincial Mental Hospital, Ponoka, Alberta

GRADUATE NURSES— for General Duty. Differential for advanced preparation or experience in Psychiatric Nursing.
Salary — $300 to $360 per month.

INSTRUCTORS—to teach Psychiatric Nursing (Clinical and Classroom)

(a) Affiliate Program in Psychiatric Nursing.

(b) Basic combined General and Psychiatric Nursing Course

Salary — (Qualified Instructor with Psychiatric Nursing experience) $395 to $495 per month.

This is an active treatment mental hospital conducting an approved School of Nursing. 40-hour work week. Civil Service holiday, sick leave and pension benefits. Good personnel policies. 60 miles from Edmonton.

Apply to:

DIRECTOR OF NURSING, Provincial Mental Hospital, Ponoka, Alberta, giving full particulars.

OPERATING ROOM HEAD NURSE

Postgraduate course in Operating Room Technique and Management preferred.

Required for:

225-BED FULLY ACCREDITED HOSPITAL SALARY RANGE: $375 to $420 PLUS RECOGNITION FOR POST-BASIC EDUCATION.

For further information write:

Assistant Director of Nursing (Service),
CORNWALL GENERAL HOSPITAL,
Cornwall, Ontario.

REGISTERED NURSES

For General Duty required for 100-bed general hospital. Forty-hour week. Three weeks annual vacation for first three years of service then four weeks annually. Nine (9) statutory holidays annually, 1¼ days sick leave per month accumulative to five months. Shift differential of 50 cents for each evening shift and 40 cents for each night shift. Starting salary $330 with additional remuneration for previous experience and post basic education. Residence accommodation with meals available at the rate of $35 per month if desired.

Apply to:

Director of Nurses,
WEYBURN UNION HOSPITAL,
Weyburn, Saskatchewan.

NOTRE DAME HOSPITAL

North Battleford, Saskatchewan

REQUIRES

General Staff Nurses and Certified Nursing Assistants for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary range: R.N. $315 to $390, C.N.A. $205 to $235 gross per month. Differential for evening and night duty for R.N.'s. Accommodation close to hospital if desired.

Apply to:

DIRECTOR OF NURSING SERVICE
Notre Dame Hospital, North Battleford, Sask.

CLASSROOM & CLINICAL NURSE INSTRUCTOR

(Male or Female)

Required for the

HOSPITAL FOR MENTAL DISEASES, BRANDON, MANITOBA

Salary Schedule — $350-$440 per month
Regular Annual Increments
Pension Privileges
Liberal Sick Leave with Pay
Annual Vacation with Pay, as set out by Civil Service Commission

QUALIFICATIONS:

Registered Nurse with postgraduate training in Nursing Education and preferably a Licensed Psychiatric Nurse.

Write to:

THE DIRECTOR OF NURSING, HOSPITAL FOR MENTAL DISEASES, BRANDON, MANITOBA.

ST. JOSEPH'S HOSPITAL

Hamilton, Ontario

A modern, progressive, 850-bed hospital, located in the centre of Ontario's Golden Horseshoe, has openings for:

1) **Head Nurses for Medical or Surgical units.**
   Postgraduate study preferred.

2) **General Staff Nurses in all clinical areas.**

3) **Registered Nursing Assistants in all clinical areas.**

For further information write to:

THE DIRECTOR OF NURSING, St. Joseph's Hospital, Hamilton, Ontario.

REGISTERED NURSES

and

CERTIFIED NURSING ASSISTANTS

for

360-bed accredited General Hospital. Registered Nurses salary range $325 - $377 per month with consideration for contemporary experience or special preparation.

Certified Nursing Assistants $230 - $260 per month.

For further information write:

Director of Nursing Service, METROPOLITAN GENERAL HOSPITAL, Windsor, Ontario.

VICTORIA HOSPITAL

LONDON, ONTARIO

Modern 1,000-bed hospital

Requires

Registered Nurses for all services

and

Registered Nursing Assistants

40 hour week — Pension plan — Good salaries and Personnel Policies.

Apply:

DIRECTOR OF NURSING, Victoria Hospital, London, Ont.

EMPLOYMENT OPPORTUNITY

The Moncton Hospital School of Nursing requires a Faculty member to lecture in the Physical Science subjects. The three-year course is carried on in a modern General Hospital, a class of 60 students commences annually.
Good personnel policies available.

For further information regarding this position, write:

The Director of Nursing,
THE MONCTON HOSPITAL,
Moncton, New Brunswick.

REGISTERED NURSES REQUIRED

For the Operating Room and other Services. Good personnel policies. Residence accommodation available — $30 per month. 'A Friendly Hospital in a Friendly Community'.

For further information, write to:

Director of Nursing,
McKELLAR GENERAL HOSPITAL,
Fort William, Ontario.

MATRON

required for

12-bed hospital in Lynn Lake, Manitoba. Salary: $375 per month plus room and board. Group insurance, medical, hospital and pension plans available. Applicants should be nurses eligible for registration in Manitoba. Previous supervisory experience would be desirable, but not essential.

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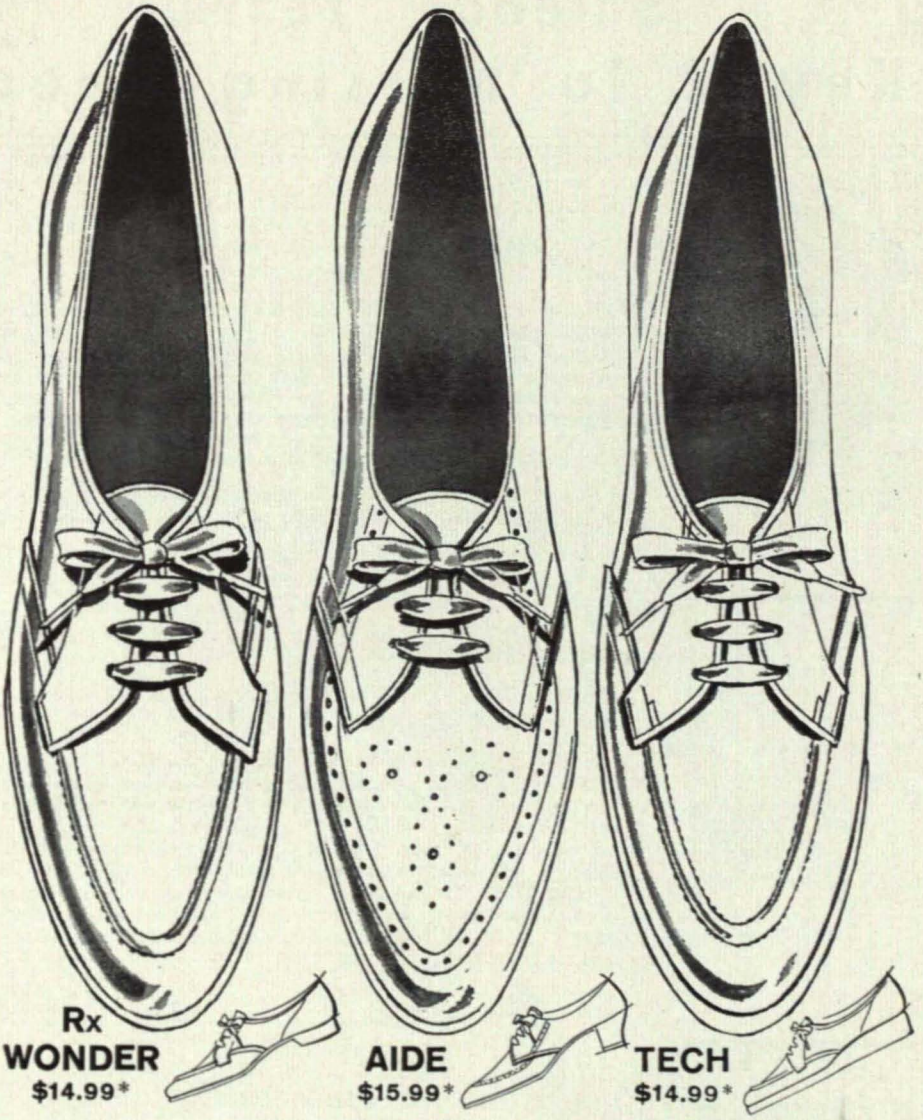

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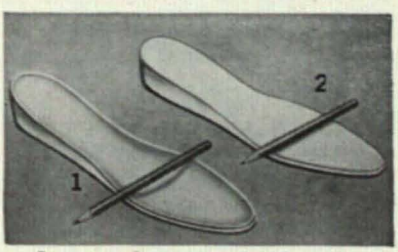

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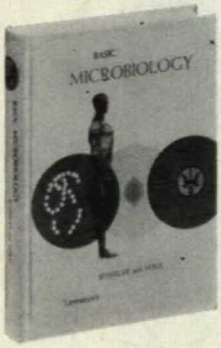

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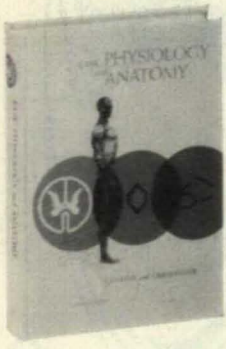

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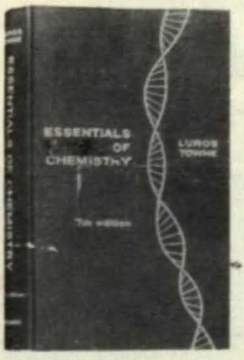

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